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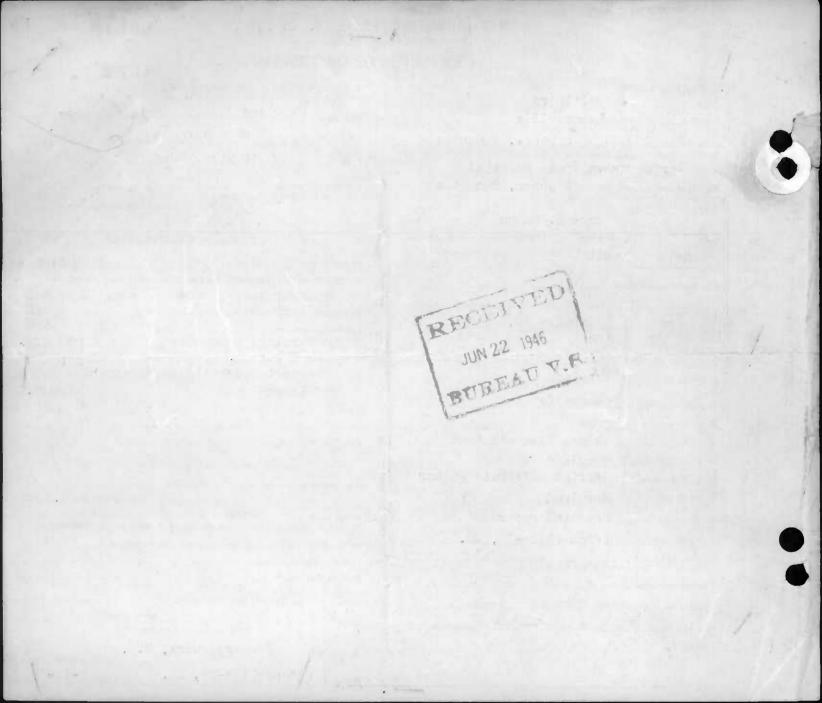
CERTIFICATE OF DEATH

			4.
Reg	Dist	No	34

1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) OF DECEA (For newborn infants give residence of mother)	SED:
out the same of th			•••••••••••••••••••••••••••••••••••••••	State Maryland County P	rince George
City or town			0		
How long in above place of death? 5 years, 9 months		City or town	JRAL and give nearest town)		
Hospital, Institution, o	r street address wher	e death occurre	d:	Street No. 315 River Road	
Sprin	g Grove St	tate Ho	spital	(If rural, give LOCATION)	
How long in hospital or institution?			, 9 months	2.(a) If veteran, name war	<u> </u>
3. (a) FULL NAME		3.(b)	Social Security Number		
	Anna	E. Amm	on		
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIF	CATION
female	white		widowed	20. DATE OF DEATHJune19	
				21. I CERTIFY that death occurred on the date above stated:	that I attended deceased from
6.(b) Name of husban	d or wife			September 19 19 40 19	
T. Birth date of		6.	(c) If alive, give ageyears	and that I last saw h.O.Talive onJune. 1	
deceased (mo., day,	yr.) Jan	ary 20	, 1860	Immediate cause of death	
8. AGE: Yea	rs Months	Days	If less than one day	Terminal pneumonia	
0	6 4	30	hrs. min.	TATMITMA PROMINERS	
-		1 00		Arteriosclerotic car	dioxecoules
9. Birthplace	Maryl	and n. county, and	state)		
	House			disease	Indei
10. Usual occupation				Due to	
11. Industry or busine					***************************************
12. Name	Thoma	s.Cleme	nts Dent	Other conditions	
13. Birthplace	Maryl	and			
64	Trained		abeth Wolker	(Include pregnancy within 3 months of	death)
14. Malden name				Major findings of operations	
15. Birthplace	Maryl	and			
16. Informant	Hospi	tal rec	ords	Autopsy results	
				PHYSICIAN: Please underline the cause to which death	should be charged statistically.
Address			28, Md.	22. VIOLENCE: If death was due to external causes, fill in	the following:
17		Accident, suicide, or homicide	Date of		
		Where did injury occur?(City or town)			
Location . S.	Landas	Thre.	Mel'	Injured at home, farm, industry, public place (where?)	************************************
	2. 4.	العلا	de Com a	Meens of Injury	Injured at work?
18. Funeral director.		1 1	2. 0	Streeting +	und
Address H A	ollan	الم	Mex	23. SIGNATURE Isadore Tuerk,	M.D.
1-00-	/	6 1	assed Willer	23. SIGNATURE	M. D. or other
19. 60.	registrar)	E.M.	De Registrar	Address Catonsville-28, Md.	Date signed 6-19-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



HMARGIN RESERVED FOR BINDING

VS A15

age age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1941

CERTIFICATE OF DEATH

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USGKI	
	(/
Reg. Dist. No	χ

0.

1. PLACE OF DEATH: County. Beltimore 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Fort Howard, Maryland State Maryland County	+ !
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 17 days (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town)	J
How joing in above place of death?	st town)
(If rural, give LODATION)	
How long In hospital or institution? 17 days 2.(a) If veteran, name war 2.(b) If veteran, name war 2.(c) If veteran, name war 2.(
3. (a) FULL NAME	amber
ROBERT M. ANSALVISH	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION	
Male White Divorced 20, DATE OF DEATH June 29	1:25P M
21. I CERTIFY that death occurred on the date above stated; that I attended decease	d from
June 12 19.46 to June 29	19. 46
7. Birth date of Tolar 20 2000 and that I last saw h im alive on June 29	1946
deceased (mo., day, yr.) July 28, 1900 8 AGE: Years Months Days If less than one day Immediate cause of death	DURATION
Pulmonary Tuberculosis far ad-	•
vanceu, active 4	4 wks.
9. Birthplace Columbia, Pa. Due to (Town, county, and state)	plu s
Unemployed	
0ue 10	
11. Industry or business 12. Name	······································
Havre de Grace, Md.	• - • • • • • • • • • • • • • • • • • •
14. Maiden name Mary Smith 14. Maiden name Mary Smith 15. Birthplace Havre de Grace, Md. (Include pregnancy within 3 months of death) Major findings of operations. None	
16. Informant Vets. Adm. Hosp. Clinical Records Autopsy results None	
Address Fort Howard, Md.	tistically.
17. Burial, cremation, or removal. Which?) Date thereof (month) (day) (year) Date thereof (month) (day) (year) Accident, suicide, or homicide	

Cemetery or crematory City or town) (County)	State)
Location Heure de Caca Injured at home, farm, industry, public place (where?)	
18, Funeral director, Personal director of the state of t	
	1
Address flower de Lea M. 23. SIGNATURE ROBERT IN. CULLISON, I. D. OLI M. D. or	other .
19. Nestuct Address ort Howard, Md. Date signed Date signed	-29-46

3. (b) Social Security Number

DURATION

15 min

2		
7	M)
•		/4
	4	ŕ
		7

The correct age 1. PLACE OF DEATH: information carefully. The coof death clearly and legibly. 1 Daltimare

(If outside aty or town limits, write RURAL and

Hospital, institution, or street address where death occurred

3. (a) FULL NAME

4. Sex

6.(b) Name of husband or wife

.6.(c) If alive, give age. deceased (mo., day, yr.)

8. AGE: Years

18. Funeral director

6

(month) (day) (year)

If less than one day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

MEDICAL CERTIFICATION

20. DATE OF DEATH

19. W.L. at 4:550 M death occurred on the date above stated: that I attended deceased from

19. 4.6. , to June 15

Immediate cause of death

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

(County) (State)

Injured at home, farm, Industry, public place (where?) Battle talk

Injured at work? Means of Injury

MARGIN RESERVED FOR BINDING WRITE PLAINLY

item of

write

important.

especially

Supply

PLEASE



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4/2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Ind. County Daltimore		
City of 10wn (If outside city or town limits, write RURAL and give nearest town)	City or town Cerhatus		
Now long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
926 delas Que	Street No. 7 (15 rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	all		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Kemale W. Widow	20. DATE OF DEATH June 19/46. 19. 21/5-15 M		
6.(b) Name of husband or wife Call James W. Beall	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
// MAN - 11 - 11 - 11 - 11 - 11 - 11 - 11 -	1946 10 June 19 19 96		
7. Birth date of -0 0 1 Cm	and that tast saw he alive on 19 9		
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death		
72 2 10nrsmin.	J. S. J. S.		
20.			
9. Birthplace (Town, county, and state)	Paleenna llema forma		
10. Usual occopation	Due to		
1f. Industry or business	Dardes Vascular disease 1 /		
= 12. Name Judo phis batkens	Other conditions		
₹ 13. Birthplace Md.			
14. Maiden name udalphislecegett	(Include pregnancy within 8 months of death)		
15. Sirthpiace md.	Major findings of operations.		
18 Interment nrs 6 thel Ireland	Autopsy results		
9119010	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address / d 6 deds lue.	22. VIOLENCE: If death was due to external causes, fill to the following:		
(Burial, cromation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cromatory	Where did injury occur? (City or town) (County) (State)		
Location aswell, I and.	Injured at home, farm, industry, public place (where?)		
2/2 7/7: 15/20	Means of Injury Injured at work?		
18. Funeral director.	01 11/10		
Address 4 0 6 dmondson Club	23. SIGNATURE Set of Miles		
19. June 70 19 Jagistrar)	Address 200 hash Ball Date signed June 20 06		



JUL 3 1988

2411 N. Charles St., Baltimore B.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(5683 44 Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

CERTIFICATE OF DEATH

ounty Baltimore			***************************************	(For newborn infants give residence of mother)		
Fort Howard			State Maryland County			
(If outside city or town limits, write RURAL and give nearest town)			City or town Baltimore			
How fong in above place of death? 134 Days Hospital, Institution, or street address where death occurred: N. A. Hospital, Fort Howard, Md.			City or town	st town)		
N. A. Host	oital. For	t Howa	rd. Md.	Street No. 251 Robert St.	,/	
				(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAM				3, (b) Social Security No	mhar	
Ollie J.	Bee	,		J. (o) botter betarry ne	imiset.	
4. Sex	5. Color or race	6.(a)Sing	rle, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	Negro	M	arried	20. DATE OF DEATH. June 4 , 19 46 , 2	8:15 A	
6.(b) Name of Busband	Cor wife Franc	is Bee	***************************************	21. I CERTIFY that death occurred on the date above stated; that I attended decease		
			(c) If alive, give age38 years	January 21, 1946 to June 4,		
7. Birth date of	yr.) Feb. 4,	1896	(v) II mile! Blie age	and that I last saw him alive on June 4,	19. 46	
		Days	If less than one day	Immediate cause of death	DURATION	
8. AGE: Years 50	4	0			Unknown	
			min.	nephritis		
9. Birthplace Ava	lon, Va.		state)	Due to Huge mass of caseous mesenteric	**************	
1D. Usual occupation	Stevadore	, county, and	state)	and paraortic lymph nodes causing obstruction of ureter		
11. Industry or busines	28			Old Pulmonary Tuberculosis		
当 12. Name. Ho	race Bee	**************		Other conditions		
	Virginia			(Include pregnancy within 8 months of death)		
14. Malden name.	Teaby Key	7e		Major findings of operations.		
14. Maiden name.	Virginia					
. Cli	nRecord	s Vet.	. Administration	Autopsy results Substantiated above.		
16. Informant	Howard,	Maryla	nd	PHYSICIAN: Please underline the cause to which death should be charged sta		
Address				22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Burial (Burial, cremation		Date the	reof June 6, 1946 (month) (day) (year)			
Cemetery or crematory Fairview Cemetery			tery	Where did injury occur? (City or town) (County)	State)	
	unton, Va			Injured at home, farm, Industry, public place (where?)	***************	
18. Funeral director	Mrs. Geo.	Holla	nd	Meaga of injury injured at work?		
Address 1631	l Druid Hi	ll Ave	, Baltimore, Md.	Robert M Cillison		
19. (Date re'd by re	.×6	F	7.W. Idedrie	23R. M. Cullison, M.D., Clinical Directes		
(Date re'd by re	gistrar)	****	Registrar	Address V.A. Fort Howard, Md. Date signed 6/	4/46	

MARYLAND STATE DEPARTMENT OF HEALTH 014 87 15084

2411 N. Charles St., Baltimore 940



Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For perborn infants give residence of mother)
County	
City or town	State County David VIII
How long In above place of death?	City or town (15 outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	TOX IV VIAITAVIA TIA
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Rodrig Bonil	la
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
May Mus Judens	20. DATE OF DEATH
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	april 26 1946, to June 25 1946
7. Birth date of	and that I last saw h. Ams. alive on
deceased (mo., day, yr.)	Immediate cause of death Coronary Shrombons DURATION
8. AGE: Years Months Days If less than one day	J 5 days
/9 / /hrsmin.	, , , , , , , , , , , , , , , , , , , ,
9. Birthpiace De Control	Due to Coronary arteriora clarosis years
(Town, county, and state)	
10. Usual occupation.	Due to
11. Industry or business	
12. Name 1. Dan and Bondia 13. Birthplace	Other conditions
X 13. Birthplace	(Include pregnancy within 3 months of death)
H 14. Majden name /// Minter (H ngel	
14. Maiden name ////////////////////////////////////	Major findings of operations.
13. Birinpiace	Date of op
16. Intermant	Antopsy results
Address 200 N J y 20He 44.	22. VIOLENCE: If death was due to external causes, till in the following;
67 SIMMUL Date thereof 6/2/6 46	
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, Carolina, C. Harris, C.
Cemetery or crematory	Where did injury occur?
Location Line To The Location of the Location	Injured at home, farm, Industry, public place (where?)
Mallatings Vinta A sul	Means of injury Injured at work?
18. Funeral director	(D) +1.1 /2 . 2 2
Address 219 Jane	23. SIGNATURE Over O. Jaris M. D. or other,
10 - 14 of Cherries	M. D. or other,
(Dats rec'd by registrar) Registrar	Address 10/7 ST, Vary ST. Date signed 6/23/46

PLEASE WRITE PLAINLY, WITH UNEXDING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbern infants give residence of mother) I. PLACE OF TEATH:

City of lown. (If outside eity or town timite, write ROTAL and give nearest town) Hew long in above place of death? Alospital, institution, or street address where death occurred:	City or town (If outside city of wen limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME / Walter Book	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MINIPOINIEL	20. DATE OF DEATH SINE 8 19 Y 6 at 8 66 5
6.(b) Name of husband or wifeLettreele Brik	21. I CEATIFY that death occurred on the date above stated; that saltended deceased from
7. Birth date of	and that I last saw handlive on 1944
deceased (mo., day, yr.) (use of, h 1 1 1 2	-lamorate cause of death DURATION
8. AGE: Years Months Days It less than one daymin.	(INM Homomage
9. Birthplace (Town, coupty, and state)	Dugito)
10. Usual occupation of the the transfer of th	Buston / 10 72
11. Industry or business	Caretiae Celempenterin
12. Hame Heusey Jack.	Other conditions
Z 13. Birthplace Desurcey.	(Include pregnancy within 3 months of death)
14. Malden name Claude Formula 15. 8!rthplace	Major findings of operations.
≥ 15. 8¹rthglace	Date of op.
16. Informatiles will terak	Autopsy results
Address Lullerton mest	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremition, or removal, Which)	Acident, suicide, or homicide
Cemetery or crematory of the Musician	Where did injury occur?
Location Sweet Cu	Injured at home, farm, industry, public place (where?) Means of Injury tolyred at work?
18. Funeral director	Date malla - II
Address // Custo D, Fryde -	- Under In the Comment

Registrar

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(Pate revu by registrar)

M. D. or other Address.



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

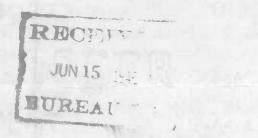
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	Reg. I	list	No	10	/

					1105. 0 180. 110. 180	
1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF D (For newborn infants give residence of mot	DECEASED:	
		State Maryland County				
City of town	City of town					
How long in above place of death? 9 months, 4 days		City or town Baltimore (If outside eity or town limits, w	rite RURAL and give ne	arest town)		
Hospital, Institution, o	r street address where	e death occurre	ed:	Street No. 2214 Canary		
Sprin	g Grove St	tate Ho	spital	(If rural, give LO		
How long in hospital	or institution?9 n	nonths,	4 days			
3. (a) FULL NAM		an Bost	wiek		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	gle, married, widowed, or divorced	MEDICAL CER	TIFICATION	
female	white		separated	20. DATE DE DEATH June 11	19 46	7:50 p
S.(b) Name of husbane	d or wife	Frank	Bostwick	21. I CERTIFY that death occurred on the date above s		
			(c) If alive, give ageyears	September 7 19.45		
I. Birth date of				and that I last saw h. Dalive on	une 11	19.46
deceased (mo., day.		gust 7,		Immediate cause of death	***************************************	DURATION
8. AGE: Year	rs Months	Days	If less than one day	Chronic myocarditi	s. Silvar-	Indef
50	10	4	hrs. mln.	due to. Luetic acrtitis		
	Ma-slav					
9. Birthplace	(Town	n, eounty, and	state)	General paresis		
10. Usual occupation.	Washam		er			
11. Industry or busine				Due to.		***
台 12. Name	Lewis	Bailey		Dther conditions		
13. Birthplace	2					
	Many H	i o le est		(Include pregnancy within 3 mon	ths of death)	
14. Maiden name	mary II.	rerey	***************************************	Major findings of operations		************************
14. Maiden name	?					
16. Informant	Hospita	al reco	rds	Aatopsy results. none	******	004544004400400400404447.104444
	-			PHYSICIAN: Please underline the cause to which	death should be charged	statistically.
Address	Catons	AJTT6-	28, Maryland	22. VIOLENCE: If death was due to external causes,	fill in the following:	
17 / Dur	Burial Date thereof 6/15/46		Accident, suicide, or homicide			
Burlal, crematio	n, or removal. Which	12)	(month) (may) (year)			***************************************
Cemetery or crematory PU Curi		Where did injury occur?	(County)	(State)		
Jacobles 7	0 1 12	re Th	DOON I	tnjured at home, farm, industry, public place (where		
Locatio	50 01	0 01910100		Means of Injury	Injured at work?	
18. Funeral directors	Lager	Ma	e /alt	Azerba Ju	سگ	
Address Ca	Tares	nill.	0 18412	Isadore Tuerk, I	r D	
1			11 10/71 in	23. SIGNATURE ISAGOPO - WORK, I		or other
18. June	2 15 Hh 1946		Harry Miller	Catonsville-28,		6-12-46
1//1	egistrer)		delle la try Registrar	Address	Date signed.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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especially

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

ALT OLGOW	O
05087	0/
Reg. Dist. No.	X
Keg. Dist. Norm	

PLACE OF DEATH: BELLIMO TE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Towson	Slate Md. county Baltimore
(If outside city or town limits, write RURAL and give nearest town) w long in above place of death?	City or town TOWSON (If ontside city or town limits, write RURAL and give nearest town)
spital, institution, or street address where death occurred:	Street No. West Joppa Road
	(If rural, give LOCATION)

How long in hospital or institution? 3. (a) FULL NAME

Sister Mary Madeleine (F)

MEDICAL CERTIFIC	ATION
20. DATE OF DEATH June 20th.,	1946 0100
21. I CERTIFY that death occurred on the dale above stated; that the state of the s	20 June 1946
Immediate cause of death. Cere bral hemorr hage	
oue to Hyperteus un	Severy
Due 10	
Other conditions	
(Include pregnancy within 3 months of deat	
D:	
Autopsy results	0.0 - 0.0 0.0 0 - 0.0 0 0 0.0 0 0.0 0 0 0
	d-Hamiltonia
2. VIOLENCE: If death was due to external causes, flil in the	
VIOLENCE: If death was due to external causes, flil in the accident, suicide, or homicide	Dale of
Accident, suicide, or homicide	Dale of

None

6.(a) Single, married, widowed, or divorced 4. Sex 5. Color or race Female White Single 7. Birth dalo of November 6th. . 1900 deceased (mo., day, yr.) It less than one day Months 8. AGE: T4 45

None

Everett Massachusetts

(Town, county, and etate)

Religious 1D. Usual occupation.....

Mission Helpers 11. Industry or business

William F. Bowes Boston . Mass 13. Birthplace

14. Malden name Agnes 1. 100 15. Birthplace South Boston, Mass 16. Informant Mission Helpers Records

W. Joppa Road . Towson Md. Address

Date thereof June 22nd 19 17. Burial (Bnrial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Mission Helpers W. Joppa Road George J. Ruth. Inc.

1735 Harford Avenue

(Date rec'd by registrar)

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Rev.	U	0	U	8	8	1
1	Reg	Di	at.	No	-	1	0

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State M. Galday County Dalture County
Now long in above place of death?	City or town
How long In hospital or Institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	
Carrie Muans	ta Boule Hone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Wydow	20. DATE OF DEATH. JUNE 12. 19. 46. 21 1:21 0. P. M
S.(b) Name of husband or wife	21. I CERTIEV that death occurred on the date above stated; that hattended deceased from
7. Birth date of deceased (mo., day, yr.) Quella 2, 5, 1878	and that I last saw h Atm alive on
8. AGE: Years Months Days If less than one day	Ammediate cause of death
67 10 18hrsmin.	Counaity Munior 25 / Jag
8. Birthplace. Thurst the Butto, So. 7/1/da. (Town, county, and state)	Due to menaly delenses 2 years
10. Usual occupation. Desselation	Que la Cardio - Vasculeu
11. Industry or business	Ilisease & Deg Pertusion 6 Han
12. Name Joseph D. Bailly	Other conditions
2 13. Birthplace / Saltingote Co, Mid.	(Include pregnuncy within 3 months of deuth)
14. Malden name. Sadah Cook 15. Birtholace Baltimore Pa. Md	Major findings of operations
16. Informant Mt. Albert Bailey	
Address 107 Melsin ave Catoma M	Autopsy results
AUGUESS 10 11 Commence , Canonally	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory St. Johnson Planetering	Where did injury occur?
Location Location Little Cottes The	Injured at home, farm, Industry, public place (where?)
18. Funeral director Caston Sofis	Means of trijury Injured at work?
Address 608 Fixederick and Catons Mid	Elist W. Lokuson mio
19. June 13 19 4 Harry William Registrar	23. SIGNATURE SCARS M. D. or other M. D. or other Address. 3432 Deeler at august signed 6/12/46

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JUN 15 1946
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2411 N. Charles St., Baltimore

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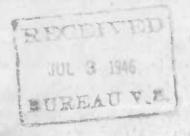
CERTIFICATE OF DEATH

	W		
DEATH	170		2/

CERTIFICA	Reg. Dist. No.		
1. PLACE OF DEATH County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town		
Hospital, Institution, or street address where death Securred:			
How long in hospital or institution?	(If rural, give LOCATION)		
3. (a) FULL NAME Mary F. Br	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 2D. DATE DF DEATH.		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and that I last saw h		
6/ 0 8 hrs. mir	in. Typertensiis Cardio-Vasusa 5 yrs.		
9. Birthplace (Town, county, and state)	Due to		
10. Usuat occupation	Due to		
12. Name William Dulle 13. Birthplace	Other conditions Disabetes 2 years		
14. Maiden name Alleman Alleman 15. Birthplace	(Include pregnancy within 3 months of death) Major fiadings of operations		
16, Informant Plyman Samallical	Antopsy results. None,		
Address Stranete, Mil.	PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following:		
Bate thereof (month) (day) (year)	Accident, suicide, or homicide		
Location Loc	Where did injury occur?		
18. Funeral director C Helicy Well	Meens of Injury Injured at work?		
Address O-phenocelles sued.	23. SIGNATURE Long & Buglos W.D. or other		
19. (Daté rec'd by fegistrar)	Colinat O.T. med I hake		

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



VS A15

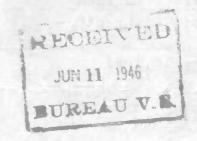
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930 05690

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. FLACE OF DEATH: County Balto.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
Off or town Reisterstown [If outside city or town limits, write RURAL and give nearest town]		
How long in above place of death?	City or town Reisterstown (If outside city or town limits, write RURAL and give ne	arast town)
Hospital, institution, or street address where death occurred:	Street No. Westminster Road	
***************************************	(If rural, give LOCATION)	••••••••
How long in hospital or institution?	2.(a) If veteran, name war None	
3.(a) FULL NAME	3. (b) Social Security	Number
Iola M. Burkett	220_12-680	1
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	ACT IN THE
Female Colored Married	20, DATE OF DEATH June 5, 19.46	, н. 8 м
B.(6) Name of husband or wife. Leon C. Burkett	21. I CERTIFY that death occurred on the date above stated; that I attended dece April 28, 19.46, to June	518.46
T. Birth date of The control of The	and that I last saw h.er alive on June 5	
deceased (mo., day, yr.) Dec. 10, 1891	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day 5 30 breamle	Immediate cause of death	•••••••••••••
111111111111111111111111111111111111111		
B. Birthplece Balto.City (Town, county, and state)	Due to Chron. Myocarditis	severa years
1D. Usual occupation.	Buo to	
11. Industry or business	DUC 10	
E 12. Name Unknown	Other conditions.	***************************************
12. Name		
14. Malden name. Minnie Dashields 15. Skrthplace Balto.City 1. Leon C. Burkett	(Include pregnancy within 3 months of death) Major findings of operations.	
El 15. Birthplace Dalto. City	Date of op	
16. Informant	Autopsy results	
Address Reisterstown, Md.		STRTISTICALLY.
Burial Burial Bate thereof June 8, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;	
	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	(State)
Location Balto.Cc.	tnjured at home, farm, industry, public place (where?)	***************************************
18. Funeral director. J. F. Eline & Sons	Means of Injury Injured at work?	11 8
Address Reisterstown, Md.	- 23. SIGNATURE J. Wa/M. J. Wandows	M. D.
19. 6-7 19.46 Dary B. Eline Registrar) Registrar	Defeterate 201	6 % 7 % 4.6



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

05091 Reg. Dist. No. 32

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants are residence of mother)
Only or town (If outside city or town limits, writs RURAL and give nearest town)	State Mary County Salleras
	City or town & Pikewille
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
	Street No. 110 Clarendas Clos
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME Group Latiner	3. (b) Social Security Number 215-10, 4622
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
musle whete. married	
may made	20. DATE OF DEATH Sure 11 19.46, st 10 %, M
8.(6) Name of husband or wife Da Nell Slipley	21. I CERTIFY that death occurred on the date above stated; that Pattended deceased from
6.(c) If allver give age 48 years	may 1 1946, 10 Henre 11 1846
	and that I last sawh the allre on flesh 11 19 4
7. Birth date of deceased (mo., day, yr.) 7001. 2-1885	Immediate cause of death
8. AGE: Years Months Days If less than one day	
10 7 9min.	Angua Pectores 3/1/46
Church Durch	
9. Birthplace	Due to
10. Usual occupation	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Due to
11. Industry or business lelelile degine 6	
12. Name Of all Itasis Thursday 13. Birthplaco	Other conditions
🔀 13. Birthplaco	
H Graning of Themas	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
S 15. Birthplace	Dale of op
16, Information a Rue Skylly Bushey	Antopsy results
Address 110 Clarendas all Pekerelle	PHYSICIAN: Please underline the cause to which death should be chorged statistically.
Address // Cultural Color / Steeler	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Ball Martage (handless	
Cemetery or cramatory.	Where did injury occur?
Location Statestelle Rd. Falto-1814	Injured at home, farm, Industry, public place (where?)
Frank H. Meusel	Means of Injury Injured at work?
18. Funeral director	
Address (skewerles . Maryland	ATtes Street
6-14- 46 10-55%:10	23. SIGNATURE M. D. or other
(Date rec'd hy registrar)	Address 1813 Park Steasht AW Date signed 6/11/46

THE THE THINK PERCENT AND THE PERCENT AND

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PHYSICIANS should state

Exact statement of OCCUPA-

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	1 1 1 1 1 1 1 1 1 1	
County Ballemore	Registration Dist. No.	
Village or City Zemmun	No. St., Wa	rd
Length of residence in city or town where death occurred 7 2 yrs 1/ mos	death occurred in a horpital or institution, give its NAME instead of street and number) ./ds. How long in U.S. If of foreign birth?	ds.
2 FILL NAME TWITTIAM The la	1 B. to her Is.	
(a) Residence: No. Zimmium Md. (Usual place of abode)	- St., Ward. If nonresident give eity or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	_
Male White Married word)	Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of florence May Butche	22. I HEREBY CERTIFY, That I attended deceased from 19.36. to ferre 12. 19.46 i death is si	6.
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:30 Am.	DIC
72 1/ / 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
8. Trade, profession, or particular	were as follows: Date of one	ot
8. Trade, profession, or particular kind of work done, as SPINNER, Blacksmith SAWYER, BOOKKEEPER, etc.	Coronary Occlusion 11/ans	46
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month end).		
SAW MILL, BANK, etc		
this occupation (month end) 943 spent in this spent in the spent in this spent in this		
12. BIRTHPLACE (city or town) Balto Co Maryland (State or country)	Other Contributory Causes of Importance: Outering Schools 194	3
13. NAME Robert Butcher		
13. NAME (Cabert Butcher) 14. BIRTHPLACE (city or town). Yale Co Penna	Neme of operation Upne Date of	
(State or country)	What test confirmed diagnosis? Clinical Was there an autopsy?	13
15. MAIDEN NAME Elizabeth gornel	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Elizabeth Gosnel 16. BIRTHPLACE (city or town) Mach Co General	Accident, suicide, or homicide? Date of injury, 19	
∑ (State or country)	Where did injury occur?	
17. INFORMANT Tlaune Way Butcher (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place of Sullan Store Date of Luce 14, 1946	Nature of injury	
19. UNDERTAKER LANCOUPUL Brooks	24. Was disease or injury in any way related to occupation of deceased? 248	
20. FILED 6-13 46 Wilmer C. Ensor	(Signed) Charles H. Veig M. (Address) 6761 York PL	. D.
Registrar. If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Practic Co. 1900	2-

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car JUN 15 1946	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BUREAU	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B)

CERTIFICATE OF DEATH

0.56934 4 Reg. Diat. No.

County Baltimore	(For newborn infants give residence of mother)	
	State Maryland County Howned	
City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town)	•••	
How long In above place of death? 8 Days	City or town Ellicott City (If outside city or town limits, write RURAL and give nearest town)	
llospital, institution, or street address where death occurred: Vets. Adm. Hospital, Ft. Howard, Md.	Street No.	
1-	(If rural, give LOCATION)	
How long in hospital or institution? 8 Days	2.(a) If veteran, name war. SAW	
3. (a) FULL NAME	3. (b) Social Security Number	
ROBERT BUTLER		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH June 9, 1946 , at 6:30 P.M.	
//// 3/ Dut 2	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
8.(6) Name of pushand of wife	June 1, 1946 to June 9, 1946	
T. Birth date of	and that flast saw h im allve on June 9, 1946	
deceased (mo., day, yr.) FPRIL 19 1878	Immediate cause of death	
8. AGE: Years Months Days It less than one day	Dilatation & Hypertrophy of heart; Unknown	
68 1 . 26min.	pulmonary edema; lobular pneumonia	
Floyd County, Va.	B L.	
9. Birthplace Floyd County, Va. (Town, county, and state)	Due to	
1D. Usual occupation Unemployed		
	Due to	
11. Industry or business 12. Name MARSHAL BUTLER	Unknown Unknown	
	Other conditions Uremia associated with Unknown	
	hypertrophy of prostate and urinary obstruction pregnancy within & months of death)	
14. Malden name ELIZABETH FOSTER 15. Birthplace VA	Major findings of operations	
15. Birthplace	Date of op.	
18. Informant Clinical Records, Vets, Adm, Hosp.	Autopsy results. Substantiated above.	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Ft. Howard, Md.	22. VIOLENCE: If death was due to external causes, till in the following:	
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory DALTIMORE MATION BL	Where did injury occur?	
Location BALTIMORE Md.	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director F.C. HIGIN BOTHOM	Meens of Injury Injured 2t work?	
Address ELLICOTT CITY Md	000 in 000 in	
	23. SIGNATURE ROBERT M. Cullison	
19. (Date rec'd by registrar) 19 6 Registrar	R. M. CULLISON, M.D. CIN. BIROTHETOR Address Ft. Howard, Md. Date signed 6-9-46	
(Date rec'd by registrar) Registrar	Address Ft. HOWERG, MG. Date signed 0-9-40	

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MARGIN			MARG
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

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Registered No.	

Registered	M.	
refratered	140	0000000

should be carefully supplied.	1. PLACE OF DEATH: (a) Baltimere City, Maryland (b) Street address 2613 Royal Oak Ave. (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days) 3 (a) FULL NAME DAVID R. BYRNE	2. USUAL RESIDENCE OF DECEASED: (a) State Md. (b) County (c) City or town Baltimore (If outside city or town limits, write RURAL and give town) (d) Street No. 2613 Royal Oak Ave. (If rural give location) (e) Citizen of foreign country? (Yes or No) If yes, name country.
of information ses of death cl	3 (b) If veteran, name war No. 14. Sex Male 5. Color or race divorced. Married	MEDICAL CERTIFICATION 20. DATE OF DEATH June 19, 19 46, at 7:15a M 21. I certify that death occurred on the date above stated; that I attended deceased from 19.46, to June 19:19.46, and that I last saw home alive on June 19:46.
TH UNFADING INK. Every item of the Physicians: please write the cau	6 (b) Name of husband or wife. Mary L. Byrne (neeAntho 6 (c) If alive, give age years 7. Birth date of deceased (mo, day, yr.); Apr. 8, 1873 8. AGE: Years Months Days If less than one day 73 2 11 hr. min. 9. Birthplace. Kansas (Town, county, and state) 10. Usual Occupation Butcher 11. Industry or business Self 12. Name John Thomas Byrne 13. Birthplace Ireland 14. Maiden Name Ryan	Immediate cause of death My o cordular Due to Pucus on a Procedular Other Conditions (Include pregnancy within 3 months of death) Date of operation Major findings of operation: Cause to which death should be
PLEASE WRITE PLAINLY, WI	15. Birthplace U. S. A. 16 (a) Informant Mrs. Mary L. Byrne (b) Address 2613 Royal Cak Ave. 17 (a) Burial (b) Date thereof 6/22/46 (Buriai, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory Woodlawn Cem. Location Woodlawn, Md. 18 (a) Funeral director WM. J. TICKNER & SONS (b) Address Balto., Md. 19 (a) Beristrar M.	of autopsy: 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide. (b) Date of occurrence at

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MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore	(48-0
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CEDTIEICA	TE OF	DEATH
CERTIFICA	IL UL	DEAIR

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Baltimore State		
Hospitat, Institution, or street address where death occurred:	Street No. 5411 East Ave		
	(ifrural, give LOCATION) 2.(a) if veteran, name war		
How long in hospitat or institution?			
3.(a) FULL NAME Mamie C Byrne	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE OF DEATH. June 26 1946 3:15 PM		
6.(6) Name of husband or wife. Wm P Byrne 6.(c) If alive, give age years 7. Birth date of Oct 22 1804	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
decessed (mo., dey, yr.) UCC 22 1094	Immediate cause of death		
8. AGE: Yeare Months Days If less than one day 51 8 4hrsmin.	Carcinoma of pelvic organs with 2 yrs.?		
9. Birthplece Baltimore County Md (Town, county, and state) At Home 10. Usual occupation At Home 11. Industry or business Charles Haug 12. Name Germany	Due to. Due to. Due to. Differ conditions.		
됩 13. Birthplace Germany	(Include pregnancy within 3 months of death)		
14. Maiden name. Catherine Hammer 15. Birthplace Germany	(Include pregnancy within 3 months of death) Major fiedings of operations		
16. Informant Mrs Geo. Diepold Address 4910 Kenwood Ave	Aotopsy results		
17. Burial Date thereof 6/29/46 (Burial, cremation, or removal. Which?) Cemetery or crematory Perkwood	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Baltimore	Injured at home, farm, industry, public place (where?)		
Location Tarrado France	Msans of injury Injured at work?		
18. Funeral director and ahm Juneral House	0 2 20'11		
Address 7401 Belair Road Balto 6 Md 19 June 25 18 46 mo Q.J. Registral	23. SIGNATURE. A. L. WILKINSON, M. D. or other		
(Oute rec'd by registrar) Registrar	Address 5713 Bel Air Rd. Date signed 6/28-46		

DN. a.Z. Wilkinson

RECEIVED JUL 3 1946 SUREAU V. 8

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Reg. Dist. No.....

M Lect age	8	MARYLAND STATE DEPAR 2411 N. Charles St.
	recta	CERTIFICATE
	1. PLACE OF DEATH: Baltimore	2.

1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				State Maryland County		
City or town			URAL and give nearest town)	D		
How long in above of	lace of death? 5	yrs., 9 I	nos., 4 days	City or town Saltimore (If outside city or town limits, write RURAL and giv.	e nearest town)	
Hospital, Institution	, or street address wh	ere death occurred	l:	1823 North Gay Street		
Sprin	g GroveSt	ate Hospi	ital	Street No		
How long in hospital or institution?				2.(a) If yeteran, name war		
3. (a) FULL NA	ME Peter	r H. Cam	pbell	3. (b) Social Secur	rity Number	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	white	white separated		20. DATE OF DEATH June 9 19.46	5 26P N	
			Connelly.	21. I CERTIFY that death occurred on the date above stated; that I attended September 5 19. 40 to June	deceased from 9 19 46	
7. Birth date of			c) If alive, give age 63? years	and that I last saw h.im. alive onJune 9	1946	
deceased (mo., d		ember 26		Immediate cause of death	DURATION	
0. 1100.	ears Months	Days	If less than one day			
7	77 5	14		Arteriosclerotic gangrene of the		
9. Birthplace Baltimore, Maryland (Town, county, and state)			Maryland state)	Due to. left foot	9 days	
10. Usual occupati	on odd	jobs		Due to.		
11. Industry or bus	iness mis	cellaneo	us			
12. Name John Campbell 13. Birthplace Mary land				Other conditions		
13. Birthplace	Mar	yland		(Include pregnancy within 3 months of death)		
E						
H 14. Maiden na	ime			Major findings of operations		
14. Maiden na 15. Birthplace	Mar	yland		Date of op		
16. Informant Hospital records				Autopsy results	rged statistically.	
Address	Cat	nsville	-28, Maryland			
17 Bur	ial	Date ther	eof 6-13-1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
	matory Lon			Where did injury occur?	(State)	
11	Sundse	- mil	l Road	Injured at home, farm, Industry, public place (where?)		
Location	CO 1	- Diece	Daniel Comment	Means of Injury Injured at work?		
18. Funeral directo	or dead	. 6.00	rk	models on Impury		
Address / 70	1-03 h P	atters	on Park ave	23. SIGNATURE Isadore Tuerk, M.D.		
19. 6-1	1-46 19	m	therif Registrar	Address Catonsville-28, Md. Date sign	D. or other 6-9-46	
(Loute ree d f)	1 refiguration)		- Bibtial	ARRIVES		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legi MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 472

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore County Baltimore City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town)			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
						City or town(1
How long in above pla	ace of death?3.	Days		City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 935 Brunswick St. (If rural, give LOCATION)		
Vets.	Adm. Hosp.	death occurred: , Ft. Howard, Md.	Street No. 933 Brunswick S			
tten tens la bensitat	les institutions 32	Days	2.(a) If veteran, name war.			
3. (a) FULL NA			2.(a) Il reteral, name wat			
3. (a) FULL NA	FR:	EDERICK J. CHRISTOPHER		3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
Male	White	Single	20. DATE OF DEATH June 11,	19.46	9:10P. M	
6 (h) Name of hucha	or wife Sin	gle	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from			
6.(0) Hame of husba	ne or witch		May 10, 19.			
7. Birth date of	y, yr.) 11-30	_1 \$01				
decoased (mo., da 8. AGE: Ye	ars Months		Immediate cause of death			
	51 6	11	Carcinoma of larvnx		UIIKIIOWII	
9. Birthplace Baltimore, Maryland (Town, county, and state)			Due to		•	
(Town, county, and state) 10. Usual occupation Unemployed				***************************************		
			Due to		•	
11. Industry or business			,			
12. Name John C. Christopher 13. Birthplace Germany			Other conditions Aspirationpr	ieumonia	T Meek	
			(Include pregnancy within 3 n	nonths of death)	P1 (many)	
Total Control of the		Elson	Major findings of operations			
[15. 8irthplace Germany				Dale of op		
		ords, Vets. Adm. Hosp.	Autopoy resultsSubstantiated	l above		
Address	Ft. Howard	d, Md.	PHYSICIAN: Please underline the cause to wh		statistically.	
Bur	ial	Bata thereas June 14 1946	22. VIOLENCE: If death was due to external cau			
17 Burial Date thereof (month) (day) (year) Cemetery or crematory Holy Redeemer Baltimore, Md.			Accident, suicide, or homicide			
			(City or town) (County) (State) injured al home, farm, industry, public place (where?)			
18. Funeral director				000		
Address 4644 York Rd. Balto., Md.			23. SIGNATURE IROBERT VILLESON,	· WILL	or other	
19.	+ - 46	Well Wall	Fort Howard, Md.	Dala planed	6-12-46	
(Date rec'd by	registrar;	Registrar	And Carlotte and C	w		

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rrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

05099 Reg. Dist. No. 33

1. PLACE OF DEATH: County Bala. City or town Pleasant Hall (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Mospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Foshua Clemento	3. (b) Social Security Number
4. Sex (5. Color or race 6.(a) Single, married, widowed, or divorced M. W. W. 6.(b) Name of husband or wife. Rosa Hoffman 7. Birth date of deceased (mo., day, yr.) May 19, 18 5-7. 8. AGE: Years Months Days If less than one day hrs. min. 8. Birthplace Ellicott City Howard, may, min. 10. Usual occupation. Retired Harmore 11. Industry or business 12. Hame Doshua Clementa 13. Birthplace Don't Know 14. Maiden name. Suaan Bartlett 15. Birthplace Don't Know 16. Informant mas. Elmer Frank Address Pleasant Hill 16. Informant mas. Elmer Frank Address Pleasant Hill 16. Cemetery or cremotory. Pleasant Hill 18. Funcial director 2 m. Blowyman & Sons Address Keis aratown, ms. 19. Jan. 28 19 46 Cary 15 5 Line	MEDICAL CERTIFICATION 20. DATE DF DEATH
19. June 28 19. 46 CAY 19 LINE (Date rec'd by registrar) Registrar	Address Sulfaure Date signed 6-28-4

HIMALON CLASSIFICATION OF MAJIMAN CONTRACTOR OF MAJIMAN CONTRACTOR



CWALL CO ENGLY

1 DIACE OF DEATH.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12

CERTIFICATE OF DEATH

2 HOHAL DECIDENCE (LICAME) OF DECEASED.

U57()()
Reg. Dist. No...

80

County Baltimore			(For newborn infants give residence of mother)		
			State Maryland County		
City or town (If outside city or town limits, write RURAL and give nearest town)					
		***************************************	City or town Baltimore (If outside city or town limits, write RURAL and give	nearest town)	
Hospital, Institution, or street address		erd, Md.	Street No. 951 Etting St.		
			(if rural, give LCCATION) 2.(a) If veteran, name war. WW-I		
How long in hospital or institution?			2.(a) 11 veteran, name war.		
3. (a) FULL NAME	HUPLEY CON	NOWAY	3. (b) Social Securi	ity Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced			MEDICAL CERTIFICATION		
Male Col	ored	Single	20. DATE OF DEATH June 9, 19.46	12:50P M	
6.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 9. 19. 46, to June 9. 19. 46		
7. Birth date of deceased (mo., day, yr.)	3-22-91		and that I last saw h. im. alive on June 9.		
8. AGE: Years Months		If less than one day	Far Advanced Active Pulmonary		
55 2	17	hrs min.	Tuberculosis		
Benlin	M.d.		Due to Tubercle Bacillus		
9. Birthplace Berlin	(Town, county, and	state)	Due to Troct CTe Dac TT Tro	•••••	
10. Usual occupation. Une					
			Due to		
11. Industry or business 12. Name Tytus C			Other conditions		
13. Birthplace Maryla			(Include pregnancy within 8 months of death)		
14. Malden name?	Selby		Major findings of operations.		
14. Malden name ?? 15. Birthplace Maryla	nd		Major findings of operations		
16. Informant Clinical	Records, Mard, Mard, Market	Vets. Adm. Hosp.	Autopsy results	**************************	
Address		6 13 +6	22. VIOLENCE: If death was due to external causes, fill in the following;		
Parial, cremation, or removal. Which?) Date thereof. (month) (day) (year)			Accident, suicide, or homicide	*******************************	
Cemelery or cremato Paltimore Vational Cornely			Where did injury occur?		
But - and					
Location Administration			Injured at home, farm, industry, public place (where?)		
18. Funeral directed Mullians Cl. Jackson			mean prinjury Injured 2t Work?		
Address 9/6 Penna of Baltanine - Mill			33. SIGNATURE Robert M. Cullison		
1 1	VA C). ×6-11	R. M. CULLISON, M.D. CLIM.	Djorjother	
19191919.		Registra	Address Ft Howard Md. Date sign		

1. PLACE OF DEATH:

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

NS

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 470

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infanta give residence of mother)

CERTIFICATE OF DEATH

Reg. Diat. No ...

Cily or 10wn. (If outside city or town limits, write RURAL and give nearest tow	Stale Maryland County County	
How long in above place of death? 128 days Hospital institution or street address where death-occurred: New York of the country of the countr	City or town	
How long In hospital or Institution? 28 days	2.(a) If veteran, name war. World War	
3. (a) FULL NAME HARRY COOK	3. (b) Social Security Number 218-10-3137	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Negro Married	MEDICAL CERTIFICATION June 26 June 26 18 46 21 6:20A	
6.(b) Name of husband or wite LTILIE COOK 6.(c) 11 alive, give age	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from	
8. AGE: Years Months Days 11 less than one day	Bronchogenic carcinoma with Unknown	
9. Birthplace	Major hudiags of operations.	
16. Intermant Fort Howard, Maryland	Autopsy results	
17 Sured (Burial, eremation, or removal, Which?) Cemelery or crematory. Date thereol	Accident, suicide, or homicide	
18. Funeral director Error O Wilson Address 1000 Brantly and 19. O La Verday 19. (Date ree'd by registrar)	Meens of injury 23. Signature CULLISON, I.D. CLIM, D. Frosher Address. Fort Howard, Md. Date signed 6-26-46.	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05702 38 Reg. Diat. No. 38

1. PLACE OF I				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
1.				State Maryland c	ounty Baltimo	ore
			RAL and give nearest town)			
How long in above place of death?						
Hospital, institution,	or street address where	death occurred:	***************************************	Street No. 616 Wood		2.3
				Wow 7 3	ve LOCATION) War I	A specific
	or Institution?		***************************************	2.(a) If veteran, name war.		
3. (a) FULL NA		S CURRY	Z CROW		3. (b) Social Securi	
4. Sex	5. Color or race	6.(a)Single, n	narried, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White		ried	20. DATE OF DEATHJune20	19.446	2 35 D.M
6.(b) Name of husba	nd or wife Jose	ohine 3	Yoder Crow	21. I CERTIFY that death occurred on the date at	bove stated; that t attended de	eceased from
			f alive, give age	17 June	d	19
7. Birth date of deceased (mo., day	v. vr.) April	19. 18	398	and that I last saw h.J.Mallve on	O	
	ars Months	Days	tf less than one day	Corowary Throm	boses	DURATION
48	2	2	hrs. min.	Cotobard		
9. Birthplace	Uniontown (Town,	Penna	ee)	Due to		******
10. Usual occupation	Farmer-	-mBanke	<u>n</u>			
			on Credit Con	Due to		******
- 4 1			now	H		
E			own. Penna.	Other conditions		
13. Birthplace				(Include pregnancy within 8	months of death)	
置 14. Malden nam	. Adelaide	gCurry	Penna.	Major findings of operations.		
2 15. Birthplace	Union	town. I	enna.	Date of op.		
18 Informant W 4	lliom T (Inou	. *			
				PHYSICIAN: Please underline the enuse to	which death shootd he charge	ed atatistically.
Address 127 N. Carrolltown Ave.,				22. VIOLENCE: If death was due to external ca	auses, fill in the following;	
17 Removal Uniontown Penna. (Buriat, eremation, or removal. Which?) Uniontown Penna. Uniontown Penna. Uniontown Penna.				Accident, suicide, or homicide	Dale of	• • • • • • • • • • • • • • • • • • • •
			uneral Home		(County)	(State)
Location Uniont own Penna.				Means of injury	injured at work?	
18. Funeral director	//		Sous			
Address	/ Towson	MAR	and //	23. SIGNATURE COOL 1	Queis m	
19. June	22 1946	Man	WHILL TON	Address 4 Burblergh Z.	M. I	D, or other
finte rec'd by	registrary	115511	ITT MODAL Registrar	Address To Comment of the	Date elene	I ~ ~ CHARLE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

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Rog. Dist. No	38

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CERT	IFI	CAT	F O	FD	F	AT	

City or town Towson (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Sheppard and Enoch Pratt Hospital How long in hospital or institution? Since May 24, 1946 Street No. Harford Road above Joppa Road (If rotal, give LOCATION) 2.(a) If veteran, name war 3.(b) Social Security Numb	
How long in above plage of death? Hospital, institution, or sireet address where death occurred: Sheppard and Enoch Pratt Hospital How long in hospital or institution? Since May 24. 1946 3. (a) FULL NAME (If outside city or town limits, write RURAL and give nearest to Street No. Harford Road above Joppa Road (If roral, give LOCATION) 2. (a) If veteran, name war. 3. (b) Social Security Numb	
o. (o) been been of the	wn)
William Transis Crows	ег
"ALLEGIE FIGHTED OLUMO	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION	
Male White Married 20, DATE OF DEATH. June 11 19.46 at	6 A
6.(b) Name of husband or wife. Marguerite Crump 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19	m 1946
7. Buth date of and that I last saw h.l.Walive on	1946
S. A.C.S. Years Masthe Baye Wiece these one day	DURATION
54 2 1 Acute cardiac decompensation 3	wks
8. Birthplace Baltimore (Town, county, and atate) 10. Usual occupation. Automobile mechanic insufficiency 4_1 11. Industry or businese Sheppard - Fratt	O.yrs.
12. Name. William J. Crowe Other conditions Probable old rheumatic carditi	8
t4. Matter name. Rose O'Neill t5. 84thplace (Include pregnancy within 8 months of death) Major findings of operations. Date of oc.	
16. Informant Wife - Marguerite A. Crowe Autopsy results Corroborative Autopsy results Corroborative PHYSICIAN: Please underline the cause to which death should be charged statistic.	cally.
22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide	e)
19. 6 - C 4 C G Registrar 23. Signature Marry M. Murdock, M. D. M. D. or othe Registrar Address Towson 4. Md. Date signed 6/1.	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

05704

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Dalturnate	(For newborn infants give residence of mother)
City of towo	State Many County Baltimoth
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street eddress where death occurred:	
	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
ANNIE ELIZABETH	3. (b) Social Security Number Rone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Widow	20. DATE DF BEATH June 4 19 46 at 2 17 A
11/100: - 00	
6.(b) Name of husband or wife. Mulliams Po Dan	21. I benieve that death occurred on the date above stated; that I attended deceased from
7. Birth date of	years and that I last saw h. 21 alive on
deceased (mo., day, yr.) Feb. 15, 1878	
8. AGE: Years Months Days It less than one day	Immediate cause of death
68 year 3 9hrs.	min. Career of the Breat 6 was
Sharlotts will a 7/2	
9. Birthplace (Town, county, and state)	Due fo
10. Usual occupation. Admisslately	
11. Industry or business Own home	Due to
MI DILLETTE	Metastera de Bran
5 10 a 44 20 25	Biher conditions Metastases of Fram
Z 13. Birthplace Sparkethrulle la	(Include prechancy within 8 months of death)
14. Malden oome Startally Cally allelle It	Major findings of operations
\$ 15. Birthplace Proffett Va.	Date of op.
16. Intermant Mys Sellanot Scarly	Actions results
1 m	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bin	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Melwille Cemus	Where did injury occur?
Elling me	
Location Location Location of the Location of	injured at home, farm, industry, public place (where?)
18. Funeral director La Astrony Standard	Means of injury tnjured at work?
Address Elligatt City mad	Lai / akunux
1 11 10 000 1	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	1413 Peisterstaur Rd M. D. or other
VV Ad I IVE	Auguross

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BUN ? 1946

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore (32)

1. PLACE OF DEATH: County. — Real Limore County. — Real Limore County. — Catonsville, Maryland County. — Catonsville, Maryland County. — See June 1. — A years, 4 months, 22 days State — Catonsville, Maryland County. — Spring Grove. State. Hospital Spring in about a feath. — 4 years, 4 months, 22 days Size — Source — State. Hospital South — Spring Grove. State. Hospital Size — Source — South Maryland Size — Source — Source — South Maryland Size — Source — Source — South Maryland Size — Source — So						
Siste. Maryland County Shall Little of the County (If counted city or town limits, write RURAL and give nearest town) (If counted city or town limits, write RURAL and give nearest town) (If counted city or town limits, write RURAL and give nearest town) (If counted city or town limits, write RURAL and give nearest town) Sing in above jace of teath? 4 years, 4 months, 22 days Siret No. 1232 Battery Avenue (If counted city or town limits, write RURAL and give nearest town) Siret No. 1232 Battery Avenue (If counted city or town limits, write RURAL and give nearest town) Siret No. 1232 Battery Avenue (If counted city or town limits, write RURAL and give nearest town) Siret No. 1232 Battery Avenue (If counted city or town limits, write RURAL and give nearest town) Siret No. 1232 Battery Avenue (If counted city or town limits, write RURAL and give nearest town) Siret No. 1232 Battery Avenue (If counted city or town limits, write RURAL and give nearest town) Siret No. 1232 Battery Avenue (If counted city or town limits, write RURAL and give nearest town) Siret No. 1232 Battery Avenue (If counted city or town limits, write RURAL and give nearest town) Siret No. 1232 Battery Avenue (If counted city or town limits, write RURAL and give nearest town) Siret No. 1232 Battery Avenue (If counted city or town limits, write RURAL and give nearest town) Siret No. 1232 Battery Avenue (If counted city or town limits, write RURAL and give nearest town) Siret No. 1232 Battery Avenue (If counted city or town limits, write RURAL and give nearest town) Siret No. 1232 Battery Avenue (If counted city or town limits, write RURAL and give nearest town) Siret No. 1232 Battery Avenue (If counted city or town limits, write RURAL and give nearest town) Scient No. 1232 Battery Avenue If a first No. 1232 Battery Avenue (If counted city or town limits, write RURAL and give nearest town) Scient No. 1232 Battery Avenue If a first No. 1232 Battery Avenue If a first No. 1232 Battery Avenue If a first No. 1232 B					2. USUAL RESIDENCE (HOME) OF DECEASED:	
City or town. Mile Contact of control inside of the A years, 4 months, 22 days into lang in above place of death. 4 years, 4 months, 22 days Syrall, institution, or their differs where death recurred: Syrall, institution, or their differs where death recurred: Syrall, institution, or their differs where death recurred: Syrall, and give nearest town) Siret No. 1232 Battery Avenue (If outside circular and circular differs), where the circular differs are nearest town) 3. (a) FULL NAME George Dellman 3. (b) Social Security Number George Dellman 4. Sex Anna Mary Miller Siret has 1232 Battery Avenue (If recurred, give LOCATION) 2. (a) If referra, name var 3. (b) Social Security Number George Dellman 4. Sex Anna Mary Miller Siret has 1232 Battery Avenue (If outside circular and circul	County Balti	more		3		
Spring Grove State Hospital Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Medication hospital or lestitution? Street No. 1232 Battery Avenue (If yoral, give LOCATION) Medication hospital or lestitution? Street No. 1232 Battery Avenue (If yoral, give LOCATION) Medication hospital or lestitution? Medication hospital or lestitution? Street No. 1232 Battery Avenue (If yoral Location) Medication hospital or lestitution? Street No. 1232 Battery Avenue (If yoral Location) Medication hospital or lestitution? Street No. 1232 Battery Avenue (If yoral Location) Medication hospital or lestitution? Street No. 1232 Battery Avenue (If yoral Location) Medication hospital dead Society with a substitution of the sale s	City or John Catonsville. Mary land (If outside city or town limits, write RURAL and give nearest town)				State	
Spring Grove State Hospital Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Street No. 1232 Battery Avenue (If yoral, give LOCATION) Medication hospital or lestitution? Street No. 1232 Battery Avenue (If yoral, give LOCATION) Medication hospital or lestitution? Street No. 1232 Battery Avenue (If yoral, give LOCATION) Medication hospital or lestitution? Medication hospital or lestitution? Street No. 1232 Battery Avenue (If yoral Location) Medication hospital or lestitution? Street No. 1232 Battery Avenue (If yoral Location) Medication hospital or lestitution? Street No. 1232 Battery Avenue (If yoral Location) Medication hospital or lestitution? Street No. 1232 Battery Avenue (If yoral Location) Medication hospital dead Society with a substitution of the sale s	How long in above place of death? 4 years, 4 months, 22 days			4 months, 22 days	(If outside city or town limits, write RURAL and give near	est town)
SPING Grove State. Hospital 2 days Now long in hospital or institution? 4 years, 4 months, 22 days 3.(a) FULL NAME George Dellman 4. Sat 5. Solor or race Winte Winte Windowed 20. Date or bearn June 10 10. 46. at 12:100. 21. ICENTRY that death occurred on the date above stated; that is attended sectored from January 19 18. Hospital Ferrories 84. 1 4. Maryland (Town, county, and state) Due to. Hypertensive arteriosclerotic heart disease Indef. Due to. Hypertensive arteriosclerotic heart disease, within 5 months of death) Major Facings of operations. Address Catonsville-28, Maryland 22. VIOLENCE: If death was due to external causes, fill in the following: Account of the proportion of the facing of the facing of the facing of the facing of the facin	Mospital, institution, or street	et address where d	eath occurred		Street No. 1232 Battery Avenue	**********
3. (a) FULL NAME George Dellman 4. Sex 5. Color or race Male White Widowed 5. (b) Name of husband or wife Anna Mary Miller 5. (c) I alive, gire age Feats Results (monthy) Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. June 10 19. 46. at 12:10p. 19. 46. and that last save stated; that stateded doceared from June 10 19. 46. and that last save him. alive on June 10 19. 46. and that last save him. alive on June 10 19. 46. and that last save him. alive on June 10 19. 46. and that last save him. alive on June 10 19. 46. and that last save him. alive on June 10 19. 46. and that last save him. alive on June 10 19. 46. and that last save him. alive on June 10 19. 46. Immediate cause of death Cerebral hemorrhage 28. hrs. Due to Hypertensive arterioscleratic heart disease Indefe. Due to Hypertensive arterioscleratic heart disease. Indefe. Due to Hypertensive arterioscue heart disease. Indefe. Due to Hypertensive arterioscue heart disease. Indefe. Due to Hypertensive arterioscue heart disease. Astopy results Cerebral heart disease. Indefe. 22. VIOLENCE: If death was due to external cause, fill in the following: heart disease. None of the sease of death. Control of the sease of death. Control of the sease of death. Control of the sease of death	***************************************	_	State	Hospital		
George Dellman 4. Set S. Color or race S. Color of race Male White Widowed or diversed Male White Widowed 5. Color or race S. Color or race S. Color of race Male White Widowed 5. Color or race S. Color or race S. Color of race Male Mary Miller 5. Color of race Male White Widowed 5. Color of race Mary Miller 5. Color of race Male White Widowed 5. Color of race Mary Miller 5. Color of race Male Mary Male Male Male Male Male Male Male Male	How long in hospital or inst	Itution?4 y	ears,	4 months, Za days	2.(a) If veteran, name war	
Male White Widowed 6.(6) Name of husband or wife Anna Mary Miller 5.(6) Hame of husband or wife Anna Mary Miller 7. Birth date of deceared (mo. day, yr.) 8. AGE: Tears Months 8. AGE: Tears Months 8. Baltimore, Maryland (Town, counts), and state) 9. Birthplace Baltimore, Maryland (Town, counts), and state) 10. Usual occupation. None 11. Industry or business 12. 12. Rame Theodore Dellman 13. Birthplace Germany 14. Malden name Hermina 15. Birthplace Germany 16. Informant Hespital records Address Catonsville—28, Maryland 17. (Burna, eremation, or symmyd Which!) 18. Funeral digitals of the following: 19. Date thereal (mo. day, yr.) 18. Funeral digitals (Society or permatic) 19. Occomber of the date above clateft; that I date	3. (a) FULL NAME				3. (b) Social Security 1	Vumber
Male White Widowed 5.(6) Name of husband or wife Anna Mary Miller 5.(6) Name of husband or wife Anna Mary Miller 5.(6) Name of husband or wife Anna Mary Miller 7. Such date of deceased (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day fless than one day geared (mo. day, vr.) May 6, 1862 8. AGE: Vears Monihs Days (fless than one day fless than	George	Dellman				
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Second Same of husband or wife Second Same of death or wife Second Same of dea	Male	White		Widowed -	20, DATE OF DEATHJune 10 19.46	at.12:10p.m
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7. Birth date of deceased (m. day, yr.) May 6, 1862 8. AGE: Vears Months Days If less than one day 8. AGE: North May 6, 1862 8. AGE: Vears Months Days If less than one day 9. Birthplace. Baltimore, Maryland (Town, county, and state) 9. Birthplace. Baltimore, Maryland (Town, county, and state) 11. Industry or business 12. Name. Theodore Dellman 13. Birthplace Germany 14. Malden name. Hermina 15. Birthplace Germany 16. Informant Hespital records Address Catonsville—28, Maryland 17. (Uberla), cremation, or rymond Which!) 18. Funeral director of rymond Which!) 19. Address 19. Usual occupation. None 29. Usual occupation with a substitution of deatily of the substitution of deatily of deatil						
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10. Usual occupation. NORCE 12. Name		-	-	1		***************************************
Due to	9. Birthplace Bal	timore,	Maryla	nd		
11. Industry or business 12. Name Theodore Dellman 13. Birhplace Germany 14. Maiden name Hermina 15. Birhplace Germany 16. Informant Hespital records Address Catonsville-28, Maryland 17. (Burial, cremation, or rymoral, Which!) Cemetery or prematich Location Location Address Date thereof Location Address Date thereof Location Address Date of op. Autopsy results. PHYSICIAN: Please underfine the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? Date of op. Autopsy results. PHYSICIAN: Please underfine the cause to which death should be charged statistically. City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Location Location Address Date of op. Location Location					heart disease	Indef.
12. Name	D. Usual occupation	W.E	***************		Due to	***************************************
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14. Malden name. Hermina 15. Birthplace Germany 16. Informant Hespital records Address Catonsville-28, Maryland 17. (Burlal, cremation, or rooms of Which?) Cemetery or premaint Continuous Conti		rmany		•	(Leabyle programmer within 9 months of death)	
Address Catonsville—28, Marvland 17.	14. Malden nameHe	rmina				
Address Catonsville—28, Marvland 17.	S 15 Birthplace Ge	rmanv				
Address Catonsville—28, Marvland PHYS:CIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	Ие		ecords			
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	10. Hilliothight					tatistically.
(Burial, cremation, or remode Which?) Cemetery or premator Location Location Address Address Means of Injury Address Addr	Address	CONSVILL	e-20,	Marxiand	22. VIOLENCE: If death was due to external causes, fill in the following:	
Cemetery or prematical Country Country Location Service Road Injury occur? (City or town) (Country) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Address Socio Epalituana State 23. Signature Isadore Tuerk, M.D. C tonsyill=28. Mde M.D. or other	17 / Jun	Which?	Date there	month (day) (year)	Accident, suicide, or homicide	
Location Injured at home, farm, industry, public place (where?) 18. Funeral director 3000 2600 1500 1000 2000 2000 2000 2000 2000 20		W.	lan 1	Task	Where did injury occur?	
18 Funeral director of the Company Means of Injury Address 3600 2 fealth ware 24 23. SIGNATURE Isadore Tuerk, M.D. M.D. or other C tonsyill—28. Mde M.D. or other	Cemetery or premutation	· Jack	-0	Rand		
Address 3600 2 fealth more St. Signature Isadore Tuerk, M.D. M.D. or other C tonsville 28. Mde M.D. or other	Location	gen	mi-			
C tonsville-28, Md. M. D. or other	18 Funeral director	male,	170	1 sw	means or injury	
C tonsville-28, Md. M. D. or other	Address 3	000 /2	pal	umore X	Tradore There W 7	
	1 10		11	0/5/10	23. SIGNATURE ISAGOPE TUEFK, M.D.	r other
	19. 4 /2 registr	1946 ar)	. Ha	STUST MULLUR Registrar		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 928



	Reg. Dist. No
1. PLACE OF DEATH: County County County County County County or town — (Industried city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution: Stay in hospital or inst. (yrs., or mos., or days) — Stay in this community (yrs., or mos., or days) —	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If our sipe city or town limits, write REPAL NEAR and give town) Street No. (If rural give LOCATION) 2(a) IF VETERAN, NAME WAR
3. (a) FULL NAME Lucella K. Dolan	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced Murriad 6 (b) Name of husband existe. James E. Dolan. 6 (c) If alive, give ege. 49 years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 6 (Town, county, and state) 10. Usual occupation 11. Industry or business House G. 12. Name John Fox 13. Birthplace 14. Malden name Grace Boyle 15. Birthplace 16. Informant James E. Dolan. Address Hollow Spannews Porns. 17. Service (Burial, cremation, or removal. Which?) Date thereof June 17, 1946 (Burial, cremation, or removal. Which?)	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death recorred on the date above stated; that dathended deceased from 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 19 10 19 10 19 10 19 10 19 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10
Cemetery or crematory Holy Cadaemer Cem. Location Belair Road 18, Funeral director Joan a Moran Address 3040 E. Balto, St. 19. June 15-1946 Dawson 1. Hearby Rogistrar	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE: AUGUSTS AUGUST AUGUST

JUN 18 1946
BUREAU V.S.

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VS ATS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 440

CERTIFICATE OF DEATH

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0	Reg.	Dist.	No.	<u> </u>	0	
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					Reg. Dist. No.	
1. PLACE OF DEA	ATH:			2. USUAL RESIDENCE (HO	ME) OF DECEASED:	
Coonty.	altimor		***************************************	Ma		
City or town (If outside city or town limits, write RURAL and give nearest town)				Coros	nsville	
/	How long in above place of death?			City or town (If outside city or to	own limits, write RURAL and give nearest town)	
Hospital, Institution, or	street address when	e death occurre	d:		anley Drive	
	Stanle	y Priv	e	(lf r	ural, give LOCATION)	
How long in hospital or	Institution?			2.(a) It veteran, name war		
3. (a) FULL NAMI					3. (b) Social Security Number	
	Hugh 1	R. Dun	can			
4. Ser	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDIC	CAL CERTIFICATION	
Male	White	Mar	ried	20, DATE OF DEATH. June	13, 1946. 19 al 320 p.	
	014-		OI+h Dungan		he date above stated: that I attended deceased from	
			fith Duncan	mag !	1946, to James 13 19 46	
7 Dieth doto of			(c) It alive, give ageyear	and that I last sw harm elive on	12/	
deceased (mo., day,)	m) Nov. 1	3,1885		Immediate cause of death Cal	many Oakeur DURATION	
8. AGE: Years		Days	It less than one day	socialized to 30	- Lily Timor 7 Day	
60	6	25		(Hodglins on)	relatethe comming 6 hearth	
	Maryl	and		Bus to Gard Stry	bertuise	
9. Birthplace	(Town	n, connty, and	state)	Contro V 6	Lula Discore 2 years	
10. Usual occupation	Police	o Offi	Ce	Busin		
11. Industry or busines				Due to		
	Daham	t Dum	can	Other conditions		
E	Ma.	Maria de la Compania				
		2. 2.1		(Include pregnancy	within 3 months of death)	
14. Maiden name.			•••••••••••	Major findings of operations		
15. Birthplace	Scotla	and			Date of op.	
16. Informant Mrs	. Olive	G. Du	ncen	Autopsy results		
	tanley	Drive		PHYSICIAN: Please underline the c	ause to which death should he charged statistically.	
Rem	OVE		June 13/46.	22. VIOLENCE: It death was due to		
(Burial, eremation	or removal. Which	17)	(month) (day) (year)	Accident, suicide, or homicide	Date ot	
Cemetery or crematory Allegany Cemetery Frostburg Md.				Where did injury occur?	or town) (County) (State)	
					c place (where?)	
Location				Means of Injury	Injured at work?	
18. Funeral director	Harry	TY Us	BIL.	means of mary	THE SAME OF TAXABLE	
Address 41		ndson	Ave	1.91.	Ha la shere	
0		. 1	[11.01 Mr. 00.	23. SIGNATURE	M/D, or other	
19 June	13, 18 4 6	EX	Mry J. Mulli	Homes 214 melical	List Butting Date signed 6/13/46	
(Date rec'd by re	gistrar)		allking wegistra	RIBIESS. T A	O'GHOST O'GHOS	

JUN 15 1946
BUREAU V

MANUAL TO METERS AND ASSESSMENT

ADT . TELEPHONE

Reg. Dist. No.....

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1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Fort	Howard, M	aryland	l	State Maryland County.			
(If	outside city or town l	imits, write R days	URAL and give nearest town)	City or town Salisbury (If outside city or town limits, write RURAL and give			
Hospital Institution of	e of death?		: - M 3	(If outside city or town limits, write RURAL and give a 306 Wicomico St.	nearest town)		
Provide in the Hosp Fort Howard, Maryland			rd, Maryland	Street No. (If rural, give LOGATION)			
How long in hospital o	r Institution?46	••••		(If rural, give LOGATION).			
3. (a) FULL NAM	E			3. (b) Social Securi	ty Number		
JAMES	ELLIOTT						
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male	White	W.	idowed	20. DATE OF DEATH. June 8	8:23 P		
				20. DATE OF DEATH			
8.(6) Name of husband	or wife		***************************************	April 23	19.46		
7. Birth date of		6.(c) If alive, give ageyears	and that I last saw h im alive on June 8			
deceased (mo., day.	yr.) Novemb	er 27,	1873	Immediate cause of death			
8. AGE: Year	s Months 2 6	0ays	If less than one dayhrsmin.	Lobular pneumonia, bilat	5 Wks		
9. BirthplaceMA	rwl and			Due to Fracture, Neck, left femur	12 Wks.		
	(Town,	county, and		accidental falls Ceoff			
10. Usual occupation.	Street C	ar Ope	rator	Rue to			
11. Industry or busines	ss			008 10			
and the same of th	illiam Ell	iott		Other conditions			
13 Rightholage	Maryland			Other Conditions			
	Camab WA	lliams		(Include pregnancy within 3 months of death)			
14. Maiden name 15. Birthplace	Maryland			Major findings of operations.			
				Antopsy results. Substantiated above. PHYSICIAN: Please underline the cause to which death should be charged statistically.			
16. Informant Cli	nical Reco	ords, V	et. Adm. Hosp.				
Address For	t Howard,	Maryla	nd		ed statistically.		
" BURI	AI	Date ther	JUNE 11 1946	22. VIOLENCE: If death was due to external causes, fill in the following:	lmary 20, 1946.		
17. BURIAL Date thereof DUNE 11. 1946. (Burial, cremation, or removal, Which?) Cemetery or crematory. MOUNT CARME Location. O. N. O. N. C. I. S. T. 18. Funeral director A. Lee Oder, Oder Summal Kone day			(month) (day) (year)	The state of the s	8 .		
				Where did injury occur?	(State)		
			<u>f.</u>	Injured at home, farm, industry, public place (where?)			
			Mary Derman & sot	Means of injury accidental fall. Injured at work?			
18. Funeral director	/ Vanle Page	MARIA	imore, Md. # 12.	RANGE OD ON COOL			
Address 404	4 IUIK RUE			22 TSICHATARE COURT TO THE COURT OF THE COUR	***************************************		
19 6 - 11	19. 4		Un Heglid	VAH. Fort Howard, Maryland	Dror other		
19. (Date rec'd by registrar) Registrar				Address Date signi	ed		

05769

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Mayland County Beltining
(If outside city or town limits, write RURAL and give nearest town)	0 1
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
	Street No. (Frural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Clara Knight	Ewing 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1. W. the maured	20. DATE DE DEATH. 9 19 1 2 01
6.(b) Name of husband or wife george a Euring	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(c) It alive, give age 7.5 Lyears	19 8 6 10 June 20 19 8 L
7. Birth date of deceased (mo., day, yr.) Och. 2-6. 1876	and that last saw h. eq. alive on June 18 19 5
8. AGE: Years Months Days If less than one day	Immediate cause of death
69 8 25hrsmin.	Coloney Munibour 2day
9. Birthplace Harfu da Mangland	Due to.
10. Usual occupation Housesufe	B I-
11. Industry or business	Due to
12. Name W. M. H. Kringlet Reman	Other conditions Try perturism
	(Include pregnancy within 3 months of death)
14. Malden name Shanfett Layson 15. Birthplace Hanfund Co Md.	Major findings of operations.
	Date of op.
16. Informant Jenge a Europ	Antopsy results
Address Sparles manyland.	
Bate thereof (month) (day) (redr)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, sulcide, or homicide
Cemetery or crematory	Where did injury occur?
Location Spartes marsland	Injured at home, farm, industry, public place (where?)
18. Funeral director. Sandon In Brooks	Meens of Injury Injured at work?
Address Sanly Md	
10 271	23. SIGNATURE Cf. hu. France
19. June 21 19. Wilmer C. Ensor (Date rec'd by registrar) Registrar	Address Parleton , red Bate signed 6 20/6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death cleakly and legibly.

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	TH UNFADING INK. Every item of information should care
INDIN	of infor
a a company	y item
LA VEL	Ever
AEST.	G INK
MARGIN RESERVED FOR BINDING	UNFADIN
T	TH

Evidence for change of age MARYLAND STATE DE of deceased is shown on 2411 N. Charl	PARTMENT OF HEALTH
	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County BALTIMORE City or town BENGIES MD. (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution: BARQUE ROAD Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days) 20 YRS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
HERMAN A.FY	NONE
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION PM.
MALE WHITE MARRIED	20. DATE OF DEATH JUNE 12 19 46 17/30
8. Ø) Name of husband or wife MARY FY.	21. I CERNITY that death occurred on the date above stated; that I attorded deceased from 19 19 19 and that I last saw harmalive on 19 19 Immediate ideath DURATION Ceruful Stawnbay Aday Due to Due to Stamman Durations Differ conditions Major findings: Df operations Df autopsy PHYSICIAN Please underline the cause to which death should be charged statistically.
Address 332 FRANKLINTOWN ROAD 17BURIAL (Burial, cremation, or removal. Which?) Cemetery or crematory OAKLAWN Location EASTERN AVE EXT 18. Funeral directorically & Seller Exe Address 403 S. WOLFE ST 19. (Date ree'd by registrar)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13	573	•
	5/	1-
Reg. Dist.	No.	2

1. PLACE OF DEATH: 1300-fa	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State 2016 County Balto
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospitai, Institution, or street address where death occurred.	(If outside city or town limits, write RURAL and give nearest town)
3009 alabama avr	Street No.
/	(It rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Helen Fernand	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Finale White Married	Toma 35 46 705
	20. DATE OF DEATH. June 15. 1946 et 2 m
8.(b) Name of husband or wilvio FERRANI	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Mar. 20, 19.45 to June 15, 19.46
7. Birth date of	and that I last saw h. O.P. alive on June 14, 19.46.
deceased (mo., day, yr.) (11197, 1883	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Papillomatous carcinoma of the 1 yr.
62 10 8hrsmin.	vulva with general metastases. 3 mos
V+a 0.	
9. Birthplace (Town, county, and state)	Due to
Thomas	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name When Barci 13. Birthplace Staly	Dither conditions Diabetes ?
13. Birthplace Staly	
	(Include pregnancy within 3 months of death)
	Major findings of operations. AS above
15. Birthpiace Italy	Date of op.
Marinitalonii	
10. Informant	Autopsy results
Address 3009 alabama ave	
Burial Pate Hornes 6/18/46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, commetter, or removal Which?) (Burial, commetter, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cramatory athranal	Where did injury occur?
Balto med.	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director William Cook Juc	Means of Injury Injured at work?
1010 Ct D. O of	011 6
Address 12 , Jack St.	23 SIGNATURE Harry Delle MA
11 18 -18 46 / 1/1/fedunk	M. D. or other
(Dato rec'd by registrar) Registrar	Address 1226 Hanover St. Date signed 6/15/46

V. S. No. 1

STATE OF MADVIAND CEDTIFICATE OF DEATHS

STATE OF MARTLAND	CERTIFICATE OF DEALES
1. PLACE OF DEATH	940
County Dallo	Registration Dist. No.
Village or City Essey	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How lopg in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Madaly (3) Residence: No. M. Beliace of abode)	ASI, Ward of If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of Jeles, 1882	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF BIRTH () Ma - 79/+8-77	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at
8 Trade profession or particular	Bate glonset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	3cp
O 10. Date deceased last worked at this occupation (month and year)	4
12. BIRTHPLACE (city or town) 7 magned, Goland (State or country)	Other Centributary Causes of Importance:
13. NAME Peter Jendryczak	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME (CETTOR ? 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Edward Koralesky	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OBENIATION, OBNEMOVAL Place Company Date 9/9/54 C	Manner of injury
19. UNDERTAKER John M. Wyber - (Address) 401 & Exerting St.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Left 5/4/6 Dombarson.	(Signed) (MORROLL M. D. (Address) Control Medical Control
If more blacks are needed, address State Registrar,	2411 N. Charles Street, Baltimple, Regulating D. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		1	Example II		
The principal cause of death and re of importance were as follows:	elated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	V 121 15	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage 3761	4611	July 5,1927	Peritonitis	3 days ago	
COLAR					
Other contributory causes of impor	tance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	PHEATHER	STATEMENTS	DA DHAG	ICTAN
ADDITIONAL	SPAUE FUR	PURLIER	STATEMENTS	DIFFIE	IUIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10 CERTIFICATE OF DEATH

(5713 Reg. Dist. No. 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Ballimore	mary and Dellemone
City of town (If outside city or town limits, write RURAL and give nearest town)	State County County
yow long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 699 Chronolab Ad. South
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Blogabeth Isavett	anne Elizabeth 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F Men married	20. DATE OF DEATH. June 29, 19.46 et 10 28 M
Home Warrett	21. I CERTIFY that peach occurred on the date above stated; that I attended deceased from
6.(7) Name of husband or wife	June 27, 1846, 10, June 29, 1946
7. Birth date of	and that I last saw h wer alive on June 34, 19 % 6
deceased (mo., day, yr.)	Immediate cause of death DURATION DURATION
S. AGE: Years Months Days If less than one day	2 lags
62 6 11hrsnin.	
9. Birthplace (Town, county, and chate)	Due to
10. Usual occupation Programmente	B I .
11. Industry or business	Dus fo
12 Name Gillison Sawann	Sther conditions
13. Birthplace Howard County moryland	Office Contentions
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
E 15. Birthplace	Date of op.
	Autopsy results
Address 699 brondale Ad. South Baltimore 23 mol	22. VIOLENCE: If death was due to external causes, fill in the following:
7/2/16	Accident, suicide, or homicide
	nestacht, salated, c. nestacht and c. nestacht
Cemelery or crematory St. Peters	Where did injury occur?
Location Baltimore, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Cherles G. Cooper	Meens of Injury Injured at work?
Address ,510-512 Carrellton Ave	Will: O. Start M. A
Address Dio-Die dell'elle dell'elle	23. SIGNATURE MULLS . M.D. or other
19. (Date lec'd by registrar) Registrar	Address / 40 Oak Osp Date signed 6-29-46
(Course and 1 cellioner)	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

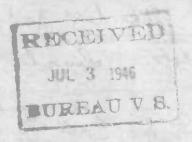
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	Chall See

CERTIFICATE OF DEATH

05714

Reg. Dist. No. 37

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infagts give residence of mother)
7 7	State maryland county Baltinge
City or town (If outside city or town limits, write RURAL and give nearest town)	(Illeging Point
How long to above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Battemore Country Home.	Street No
How long in hospital or institution? 2 months	2.(a) If veteran, name war
3. (a) FULL NAME Stanley gatherri	ght 3.(b) Social Security Number
4. Sex 5. Color or raco 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male col. Lingle	20. DATE OF DEATH June 26 19 46 at 6 A.M
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	all 27 1946, 10 June 26 1946
7. Birth date of deceased (mo., day, yr.) Quy . 28 1878	and that I last saw h. And alive on 6/25 - 19 46
8. AGE: Years Months Days tt less than ono day	Immediate cause of depth DURATION
67 9 28hrsmin.	Caronary / montous day
711.41.11	anteres relevos
9. Birthplace	Due 10.
10. Usual occupation Laborer	Bush
11. Industry or business	Due to
12. Name Charles Gatherright	Other conditions Assertions
12. Name Charles Gatheright 13. Birthplaco Virginia	
14. Malden name Arrial 7.	(Include pregnancy within 3 months of death)
14. Maiden name Anna ?. 15. Birthpiace Virginia	Major findings of operations.
D. 11: (D T. 7N. 1) 13 1	Date of op
16, informant. Date South	Antopsy results
Address Lawson Maryland.	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Dato thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Balto . Co . Home Cem.	Where did injury occur?
Total md.	
Location R	Injured at home, farm, Industry, public place (where?)
18. Funeral director Landon Victoria	Means of injury Injured at work?
Address Sparks, Ma.	Valarer to Trem Und
" Name 21 " 46 More Califred	23. SIGNATURE M. D. garother
(Date rec'd by registrar) Registrar	sterne (When surlly Md not stone 6/2/6/46





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93 0

C	57	154	
	Dist		

City or town(If o How Jong in above place Hospital, Institution, or	Inverness utside city or town line of death? 4 M.C street address where c	mits, write F onyhs death occurred	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md County Baltimore City or town (If outside city or town limits, write RURAL and give near Street No. 19 Vinona Ave. (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAM	E			3. (b) Social Security N	amber
	William	S. Ge	etshall Jr.		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
M .	W	Ma	arried	20, DATE OF DEATH June 30 19.4.6	at . M
			E. Getshall	21. I CERTIFY that death occurred on the date above stated; that I otlended decea	ed from
7. Birth date of			c) If alive, give age	and that I last saw halive on	
deceased (mo., day.)	July 1	19, 18	391	Immediate cause of death	DURATION
8. AGE: Years	Months	Days	tf tess than one day	mus anditis, acutel	
54-	11	11	hrsmin.	Direction six months cure	
10. Usual occupation	F	Retire	state)	Due to Branchial preumonian two months pre-	
12. Name	William S Kent Co		tshall Sr.	Dither conditions Variance	
	Anna Tr Kent Co	cavis		(Include pregnancy within 3 months of death) Major findings of aperations	
	garet E. Winona Av		nall	Autopay results PHYSICIAN: Please underline the cause to which death should be charged a	tatistically.
Cemetery or cremato	al orremoval Which?) Loud Baltimore	ion Pa		22, VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
Address / 3 19.	UU W F C gistrer)	La	Registrar	23. SIGNATURE Harry Suber M. D. o Address 7 Beech Pr. Date signed.	73/4

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CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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(83-0)	

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DE	TH: Itimore	Count	У	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	DECEASED:		
/ Un	Inthomno	MACH		State Maryland Cour			
City or town(If o	utside eity or town i	mits, write R	URAL and give nearest t	Halathorna	F.M.		
How long in above place	of death? 9 Y	ears		City or town	write RURAL and give ne	arest town)	
Mospital, Institution, or	street address where	death occurred	1:		Street No. 5635 Ashbourne	Rd.	
26	35 Ashbo	urne	ra.	***********	(if rural, give)		
How long in hospital or	Institution?	******************			2.(a) If veteran, name war	***************************************	*********
3. (a) FULL NAME						3. (b) Social Security	Number
Fran	cis E. G	handri	ch			216-05-55	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorc	ed	MEDICAL CE	RTIFICATION	00
М	TAT	M	arried				.0.
	8.6				20. DATE OF DEATH.	19.76	, at 3 F
S.(b) Name of husband	or wife Oliv	ia F.	Goodrich		21. I CERTIFY that death occurred on the date abov		
			t) It alive, give age	MAGES	3/20/46:19,	6/24	19.46
7 Sirth date of	March			years	and that I last saw h. Asam. alive on	7/46-	18
8. AGE: Years	i Months	Days	If less than one day		Immediate cause of death	,	
0		24			- / types/she	neumona	2 dyo-
43	1 10			min.		********	
9. Birthplace	Baltimor	e, Md	e tate)		Due to - Hemplegra		of digo
tO. Usual occupation	(IOWII.	county, and a	uate)		f)	·····	
				***************************************	Due to Chily al Hemen	1 h 196	-4 drso
11. Industry or business			0.			S. S	
岩 t2. Name Ad	elbert I	. Goo	drich		Other conditions	***************************************	
t2. NameAd.	altimore	, Md.					
Maldan same	Sarah C.	Clea	ver		(Include pregnancy within 3 m	ontha of death)	
14. Malden name	Raltimor	o Md	•••••••••••		Major findings of operations	***************************************	
≥1 t5. Birthplace	Dal CIMOI	C - 3	d - 1-		9	Date of op	
te, intermant			***************************************				
Address 56	35 Ashbo	urne	Rd.		PHYSICIAN: Please underline the cause to whi		statistically.
, Buria	1	Date there	June 27	1946	22. VIOLENCE: If death was due to external cause		
(Burial, cremation,	or removal. Which?)	Serie there	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremator	New Cat	heder	al Cemeter	У	Where did injury occur?(City or town)	(County)	(State)
Location	Baltimo	re, M	d.		Injured at home, farm, Industry, public place (whe		
18. Funeral director				- 3	Means of Injury	Injured at work?	
			e-Arbutus,	Md.	11/20 200	ulite /20	
6-21	- 41		Medich	0	23. SIGNATURE	M. D.	or other
(Date rec'd by reg	istrar)			Registrar	Address / 2 / 9 Mills	am 1 Date signed.	L /

Dr. C.B. Wheltle S. 1490 1279 Williams St. 2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

CERTIFICAL	E OF DEATH Reg. Diat. No
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Abrham Freider	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Wale White Wilones	2D. DATE OF DEATH. June # 19.44 at 123
6.(6) Name of husband or wife Lilly Treider Curtis	21. I CERTIFY that death occurred on the date above stated; that attended doceased from
	19 t 10 June 3 19 6
7. Birth dale of	and that I last saw how alive on June 3-46 19
deceased (mo., day, yr.) Jan 26, 1865	
8. AGE: Years Months Days If less than one day	Immediate cause of death.
\$1 4 9hrsmin.	
01	
9. Birthpiace (Town, county, and state)	Due to Certification
10. Usual occupation	***************************************
10. Usual occupation	Due to
11. Industry or business	t t
E 12. Name alla frame	Other conditions House permission
13. Birthplace fancaster, Ja.	(include pregnancy within 8 months of death)
14. Maiden name Purase Meslers 15. Birthpiace Fancastery, fa.	Major fiadings of operations
E 15. Birthpiace Jancaster, fa.	Date of op.
18. Informant MARA Bickeral Eller	Antonsy respits
Address 106 Reisterstown Good	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Rivers 17 H	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Like Sugarilla Just	Injured at home, tarm, industry, public place (where?)
Faring (Ryera)	Means of Injury Injured at work?
Address 5005 Hanks Recent Office Control of the Con	Ocamel Helelons
106/2 1126 A. W. Hedrick	23. SIGNATURE M. D. or other
(Dath rec'd by registrar)	Address Date significant

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore Catonsville (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
How long in above place of death? Four days Hospital, institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? Four days	Street No561135thAvenue		
3. (a) FULL NAME Jane Groh	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATHJune. 16, 1946		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 12, 1946 19 19 19 19 19 19 19 19 19 19 19 19 19		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Yours Months Days If less than one day	Immediate cause of death. Acute encephalitis DURATION type undetermined 16 days		
16 11 11hrsmin.	type undecarmined to days		
9. Birthplace	Due to:		
12. Name John Groh 13. Birthplace Brooklyn, N.Y.	Other conditions (Include pregnancy within 3 months of deeth)		
14. Maiden name Mildred Pearson 15. Birthplace Brooklyn, N.Y.	Major Endings of operations None		
Address Hospital records, Spirng Grove State Address Hospital, Cqtonsville, 28, Md. (Buring cremation, or removal, Which?) Cemetery or crematory	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, Illi in the following; Accident, suicide, or homicide.		
Location 18. Funeral director Address 19. 4	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of injury Injured at work? 23. SIGNATURE. Henry C.A. Mead, M. Mp. or other Address Catonsville, 28 Md. Date signed, 6/16/46		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death-clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

JUN 18 1946 BUREAU V.S.

3. (b) Social Security Number

CERTIFICATE OF DEATH

2. US	UAL RESIDENCE (HOME) OF DECEASED: For newborn infants give residence of mother)
State 1	Maryland county Baltimore
City or	(If outside city, or town limits, write RURAL and give nearest town)
Street 1	8723 Loch Bend Drive
	(If rural, give LOCATION)
2.(a) 11	veteran, name war

MEDICAL CERTIFICATION

1. PLACE OF DEATH: Batti	2. US
County Daltimore	(1
(If outside city or town limits, write RUKAL and give nearest town)	State /
How long in above place of death? 15 YEARS	City or
Hospital, institution, or street address where death occurred:	Church 1
8723-Loch Bend Vrive	Street 1
Now long in hospital og institution?	2.(a) 11
3. (a) FULL NAME William Hamer	
4. Ser S. Color or race 5. Color or race Warred Warred	20, DATI
6.(b) Name of hisband or wife Hettie Milne Hamer	2f. I CE

7. 6irth date of Section 1000000000000000000000000000000000000	and that
deceased (mo., day, yr.)	Immedi
	OM
0/ 10 26hrsmin.	
9. Birthplace	Due to
10. Usual occupation SUPPYVISOV	Due to
11. Industry or business Western Electric Co.	
12. Name // / Mouse	Diher co
13. Birthplace	
14. Maiden name	
N 15. Birthplace	Major fi
Ale Para Dayahart	**********
16. Informant Mrs. Pavid Dougherty	Autopsy PHYS10
Address W. CHESQ . Ave., Towson, Md.	22. V10
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident
Cemetery or crematory GARLANA AMAIL CEMMA TORY	Where d
Location Baltimore, Maryland	Injured :
18. Funeral director	Means o
Address Jourson, Mile.	23. SIG
19. June 17 19 46 auxedrick	23. 316
19. Kent 7 19 46 av Ned rec'd by registrar)	Address.

20, DATE OF DEATH			/, ar
2f. I CERTIFY that death occ			
***************************************	19	, 10	19
and that I last saw h			19
Immediate cause of death.	Heart live	KAQ. CITYNU	DURATION
artery with			
	1	27.07	4
Van Fall	usie, Chim	Muleran	
Due 10	monada Care Contain	a something official	
	• • • • • • • • • • • • • • • • • • • •		
Jue to			***************************************
			••••
Other conditions		********************	*****
(Include pr	regnancy within 3 months	of death)	
Major findings of operation	8	••••••••••	
		Date of op	
Autopsy results			
PHYSICIAN: Please under	ioe the cause to which de	eath should be charg	ed statistically.
22. V10LENCE: If death wa	s due to external causes, fi	Il in the following:	
Accident, suicide, or homicid	e	Date of	***************************************
mucio um minij occur i	(City or town)	(County)	(State)
njured al home, farm, indus	lry, public place (where?)	********************	***************************************

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

(A) MARGIN RESERVED FOR BINDING

m. Selboto 35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05720 Reg. Diat. No. 3/

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) Slale
3. (a) FULL NAME	
Louisa Handle	ey Hauley none Number
4. Sex 5. Color or race 4. Sex 4. Sex 6. (a) Single, married, widowed, or divorced William 6. (b) Name of husband or wife. Suichard / Faully	MEDICAL CERTIFICATION 20. DATE OF DEATH 19 1 1 1 1 1 1 CERTIFY that death occurred on the date above slaled; Ihal I ettended deceased from
	Jan 19. / 2, 10 June 9, 18. 4 6
7. Birth date of deceased (mo., day, yr.) Oll 2 - 1855	and that I last saw ble alive on 9 19.46
8. AGE: Years Months Days If less than one day 80 6 7hrsmin.	Impediate cause of death Duration Duration
9. Birthplace. (Town, county, and state)	Oue to
10. Usual occupation	Oue to
12. Name	Other conditions
14. Maiden name	Major findings of operations
16. Informani With Hanley	Autopsy results
Address Farmaniel Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
16. Funeral director Aparel H. Mewell	Means of Injury Injured et work?
19. (Daté rec'd by registrar) Address (Fikeserlle, marylend) 19. (Daté rec'd by registrar)	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	stilles Land all storm Bala oland 6/9/46

RECEIVED

JUL 3 1945

MUREAUTE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) OF	mother)	
/	0-4-5-	ville		State Maryland County Harford		
(If ou	tside city or town li	mits, write h	UKAL and give nearest town)	City or town Havre de Gra	ce	
How long in above place of	of death?	death occurred	months, 30 days			
Spring	Grove Sta	te Hos	pital	Street No. 5009 Franklin		
How long In hospital or	Institution?1y	ear, 3	months, 30 days			
3. (a) FULL NAME	Howard	Hartze	11		3. (b) Social Security N	umber
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
male	white	d	ivorced	20, DATE OF DEATH	19	9:20 p
				21. I CERTIFY that death occurred on the date abo February 7	45 to June 6	19 46
7. Birth date of			c) If alive, give ageyears	and that I last saw h 1 m alive on J	une 6	19. 46
deceased (mo., day, yr				Immediate cause of death		DURATION
8. AGE: Years	Months	Days	If less than one day	Coronary Thrombosis	***************************************	3 month
62		1	hrsmin.			
9. Birthplace	Norristown	, Penr	sylvania	Due to		
	(TOW.11)	country, and	state)			41
10. Usual occupationmeat cutter				Due to		
11. Industry or business						
12. Name	Abraham Ha	rtzell	M. 4.40.414.400.400.400.400.400.400.400.400	Other conditions		******************
13. Birlhplace	Pennsylv	rania		(Include pregnancy within 3 months of death)		
14 Maiden name	Ida Seas	sholtz				
To ac Bullion	Pennsylv	rania		Major findings of operations		
14. Maiden name 15. Birthplace	Tagada 1	Dogona				
15. Informant	MA'A'R'W'N WWW			Autopsy results		
Address	Catonsvil	le 28,	Md.	22. VIOLENCE: If death was due to external cau		
17 Remove	al	Dato the	(month) (day) (year)	Accident, suicide, or homicide		
	1	// //	7			
Cemetery or cremator	werse	de loe	megery	Where did injury occur?(City or town)		
Location Mass	whym	4	, Pai	Injured at home, farm, Industry, public place (w	here?)	
9	w.9.	nch	ner & Fur.	Means of Injury	Injured at work?	
18. Funeral director.	110.	0	0-1	" Oradin	fresh	
Address / LOU	m -0	June		23. SIGNATURE I Sadore Tue	erk,	
19 June 7	Th 1946	co/o	erry & Helle	Catonsville	e 28, Md. M.D.	FOR INC.
l'y rep	istrar)	- P	Deleuty Registrar	Address	Date signed	6/7/46

9.4.5

PLEASE WRITE PLAINLY, WITH LNEYDING INK. Supply every item of information carefull. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

- 4			22
Reg.	Dist.	No.	00

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
City or 1dwn. Catonsville (If outside city or town limits, write RURAL and give nearest town) How Jong In above place of death?	State Maryland county Baltimore City or town Catonsville (if outside city or town limits, write RURAL and give nearest town) Street No. De Vere Lane (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
Dr. Franklin Hazlehurst 4. Sax 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male white married	2D. DATE OF DEATH. June 23 1946 31 5 4 A
8.(b) Name of husband or wife Hannah Niemeyer 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) December 27, 1882	21. I CERTIFY that death occurred on the date above stated: that f attended deceased from 19.76. to 6.7.2.2.19.46. and that f last saw h. im. alive on June. 2.3 1946.
8. AGE: Years Months Days If less than one day	Immediate cause of death
63 5 27hrsmln.	ANGINA PECTORIS 1-2 YEAR
9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation Physician 11. Industry or business 12. Hame Franklin Hazlehurst	Bue to
13. Birthplace Baltimore, Md.	(Include pregnancy within 3 months of death)
14. Malden name Mary Norris 15. Birthplace Baltimore, Md.	Major findings of operations
16. informant Mrs. Hannah N. Hazlehurst Address DeVere Lane, Catonsville, Md.	Autopsy results
17. Burial Date thereof 6/26/46 (month) (day) (year) Cemetery of Artematon, Druid Ridge	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
18. Funeral director John O. Mitchell 4 Sous, June. Address 1900 Eutaw Place, Baltimore, Md.	Means of Injury O Injured at work?
18. June 25 19 46 Harry Sf. Miller (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address 610 Frederick Ed. Date signed 6-25-46 Catonsville, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the eauses of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARQUE RESERVED FOR BINDING

JUN 26 1946 BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 949

05723

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland County County		
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)	Fact Brooklym		
How long in above place of death? 54 days	(If outside city or town limits, write RURAL and give nearest town)		
/Hospital, institution, or street address where death occurred:	0035 443 4		
	(If rural, give LOCATION)		
How long in hospital or Institution?54 days	Streel No. 2015 4th Avenue (If rural, give LOCATION) 2.(a) If veleran, name war World War I		
3. (a) FULL NAME	3. (b) Social Security Number		
JOHN F. HERBERT			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DF DEATH June 26 1946 , 12:05 P.		
6.(b) Name of hueband or wife Mrs. Minnie Herbert	21. I CERTIFY that death occurred on the date above elated: that I alfended deceased from May 3 19.46 10 June 26 19.46		
7. Birth date of Tallve, give age 4.7 years	and that I last saw h im alive on June 26 19.46		
deceased (mo., day, yr.) February 24, 1898	Immediate cause of death		
8. AGE: Yeare Months Days If less than one day	Coronary Occlusion, acute sudden		
48 4 2hrsmin.	Solonaly Occupations and the Solonal Solona So		
9. Birthplace Philadelphia, Pa. (Town, county, and state)	Due 10		
10. Usual occupation Lumber Scaler			
	Due to		
11. industry or business			
트 12. Name Frank Herbert	Other conditions Broncho-pleural fistula 25 Days		
13. Birthplace Baltimore, Maryland	Due to Empyema, chronic, left Unknown (Include pregnancy within 3 months of death)		
Unknown			
Unknown 14. Maiden name Baltimore, Maryland	Major fiadiags af aperatians.		
E 15. Birthplace	Date of op		
16 Informant Clinical Records, Vets. Adm. Hosp.	Autapsy results		
The House of Manual and	PHYSICIAN: Please anderline the cause ta which death shauld be charged statistically.		
1 / -1	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
// A/ // //	Where did injury occur?		
Cemetery or crematory 2 allo datorial			
Location Trederick Ad. Ballo Fred	Injured at home, farm, Industry, public place (where?)		
1:00 + Toiler show.	Meene of injury Injured at work?		
18. Funeral director.	O 0		
Address 403 S. Holp Street	23. SIGNATURE OR Obert M. Celleson		
1/22 UL NI Hedred	R.M.CULLISON, M.D. CLIN. BIR or other		
(Date backd by registrar)	Address Fort Howard Md. Date signed Date signed		

Duration

PHYSICIAN

Underline the

death should be

charged statis-

USUAL	RESIDENCE	OF	DECEASED:	

(a) State ald . (b) County...

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5310 Overhill Ave.

(If rural give location) (e) Citizen of foreign country? (Yes or No) If yes, name country.....

(d) Length	of stay in bosnital	or inet / tree mos	or days):

Street address 5310 Overhill Ave

(e) Length of stay in Baltimore (yrs., mos., or days) Life

3 (a) FULL NAME

1. PLACE OF DEATH: (a) Baltimore City, Maryland

(c) Hospital or institution:

supplied.

carefully

Ida Rosella Hillary 3 (c) Social Security Account 3 (b) If veteran, name war

None None None 5. Color or race | 6 (a) Single, married, widowed, or

6 (b) Name of husband or wife killiam mH. Hillary 6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) July 15. 1868

8. AGE: Years Months Davs If less than one day

hr. min. 9. Birthplace Baltimore : Md.

(Town, county, and state) Home Duties 10. Usual Occupation.....

11. Industry or business

John Williams 12. Name....

Baltimore. Md. 13. Birthplace

14. Maiden Name | Susan Harrison Baltimore. Md 15. Birthplace

16 (a) Informant Mr. Quinton R. Hillary

5310. Overhill Ave. (b) Address

(h)Date thereof June 21.19 17 (a).....Burial (Burial, cremation, or removal) (month) (day) (year) Woodlawn

(c) Cemetery or crematory... Woodlawa

18 (a) Funeral director

(Date ree'd by

Registra

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18th 1946 at 2 A M 21. I certify that death occurred on the date above stated; that I attend-

ed deceased from mul 1 49 46, to Trul 18 19 46 and that I last saw h M alive on hour 0 17 1946.

(Include pregnancy within 3 months of death) Date of operation.....

Major findings of operation:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide.....

(b) Date of occurrence......at (c) Where did injury occur?.....

(Clty or town) (County)

(d) Did injury occur about home, on farm, industrial place, in public

(e) Means of injury..... 23. Signature.....

important.

WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Jacks,	Registration Dist. No. 4
Village or City of Pont	No. Ward Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Colletton Huse	
(a) Residence: No. 240 Spring (duyla place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 9 193/6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
Do. 01.2.1	, 19, to
6. DATE OF BIRTH (month, day, and years Mar 19/1924;	I last saw h; deeth Is seld
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted ebove, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
22 1 10 ormin.	were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Standard Work SAWYER, BDDKKEPER, etc.	man to the
SAWYER, BDDKKEEPER, etc.	acciaining aronning
work was done, as SILK MILL, Cagework SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month end this properties) of the properties of the second in this sec	1 0 1 9 10 m
10. Date deceased lest worked et this occupation (month end year) 11. Total time (years) spent in this occupation	17079 four 1146.
Keepeelh 1/2.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State er country)	
E MC	
4 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
	What test confirmed diagnosis?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide
State or country)	(Specify city or town, county and State)
17. INFORMANT Wed / fine	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 2 40 (Address) 18. BURIAL, CREMATION, OR REMOVAL) (Address)	As Size
Place Date Date 17, 1946	Nature of injury Age
19. UNDERTAKER Elray O (Frelzos)	24. Was disease or injury in any way related to occupation of deceased?
(Address) 100 manuage of	If so, specify
20. FILED Cofe Cf 46 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(Signed) M. D. (Address) September 111 Line of Electrical Control of Control
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore Requesting V. S. Nogs.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	uses Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
9981 LZ NOT 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PHYSICIAN

•			

2	BEADVIAND	CTATE	DED A DTREET	OF	THE AR THE
-	WAKILAND	DIAIL	DEPARTMENT	Ur	HEALIH

2411 N. Charles St., Bultimore

(1120) CERTIFICATE OF DEATH

County Baltimore	(For newborn infants give residence of mother)
	State Maryland County Baltimore
City or toyh (If outside city or town limits, write RURAL and give nearest town)	0' 0 00
How long in above place of death? One yelar	(If outside city or town limits, write RURAL and give nearest town)
Horpital, Institution, or street address where death occurred:	Street No. 7300 Dunuall Court.
17000 morning fon Road	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Dessie Clisabeth Hopkins	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white married	20. DATE OF DEATH 7 June 19 46 at 0:20 P. M
CO. P. 10 21 - 4.	21. I CERTIFY that death oppurred on the date above stated; that I attended deceased from
6. (b) Name of husband or wife Caresel Kussell Hopkins	30 may 1946 to 7 June 1946
1. Sirth date of deceased (mo., day, yr.) 29 October 1895	and that I last saw h. Qr. alive on 7 June 19.46
	Immediate cause of death
5 A 7 4	Cardiae failure 24 hrs.
3 0hrsmin.	
9. Birthplace Marian-Somesset Co Maryland	Due to Bronelial asthma 3 years.
(Town, county, and state)	
18. Usual occupation Housewite:	***************************************
	Due to
11. Industry or business	
12. Name Charles Somess.	Other conditions
13. Birthpiace Somesset Co Maryland.	(Include pregnancy within 3 months of death)
E 14. Malden name Sarahe Tull	(Include pregnancy within 3 months of death)
	Major findings of operations.
\$ 15. Birthplace coverset 6 - mary land	Date of op.
16 Informant Clarence Russell Hope Kins	Agtopsy results
22.1 1 20 17	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / 30,0 dumwall Court.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Gurial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
0 6	
Cemetery or crematory	Where did injury occur?
Location Eastern we. Its.	tnjured at home, farm, Industry, public place (where?)
10 000	Meaos of injury injured at work?
18. Funeral director.	-1
Address 418 Castern ave, Essel	13 es and (1) Hollow he
0 9 41 - 10 00 .11.	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address & diverty for peray Date signed 7 June 1941

HITCHE TO STADINITIONS

RECEIVED
JUNII 1965
BUREAU V S.

- MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

U5728 P.

Dist. No. 44

CERTIFICATE OF DEATH

1. PLACE OF DE	EATH:	12	2. USUAL RESIDENCE (HOME) OF DECE (For newborn infants give residence of mother)	ASED:	
		/d.			
City or town	altimore	imits, write RURAL and give nearest town)	State Maryland County Beltimore		
(If	outside city or town in	amits, write RURAL and give nearest town)	City or town		
How long in above place	e of death? 62 or street address where	death necureat	Street No		
		t. Howard, Md.			
7 1949 a ASS	NaRUB.Ua.a	dove			
		days	2.(a) It veteran, name war	<u> </u>	
3. (a) FULL NAM	1E		3. (b) Social Security Number	
1	LEE A. JORI	AN	THE RESIDENCE OF THE PARTY OF T		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIF	FICATION	
Male	Colored	Wid.	20. DATE OF DEATH. June 30	19 46 at 10124A	
P (b) Name of bushows	d or wife		21. I CERTIFY that death occurred on the date above stated	; that f attended deceased from	
				10June 30 19.46	
7. Birth date of			and that I last saw h im alive on June	e 30 19.46	
decoased (mo., day,	yr.) Febru	ery 26, 1892	Immediate cause of death HEART DISEA	SE - DURATION	
8. AGE: Yea	rs Months	Days If less than one day	CORONARY ARTERIOSCLEROSI		
54	4 3	4hrsmin			
9. Birthplace	Virginia		Due to		
9. Birthplace	(Town,	county, and state)	. I bue to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10 Havel accuration	Unemploy	ed		***************************************	
		10-10-10-10-10-10-10-10-10-10-10-10-10-1	Due fo	***************************************	
11. Industry or busine		MINISTER STATE OF THE STATE OF	A4327 DELTA TO THE PARTY AND T	m mirror	
12. Name		rdon	Other conditions GANGRENE OF LEF	manufacture manufa	
13. Birthplace	North Caro	lina	DUE TO OCCLUSION OF LEFT		
E	Mary ?		ARTERY (Include pregnancy within 3 months of	f death)	
14. Maiden name	372 2 2		Major findings of operations. Amputation	left leg	
₹ 15. Birthplace	Virginia			Date of op. 6-19-46	
16. Informant	Clinical R	ecords, Vets. Adm. Hos.	Autopsy results		
1	Court House	Vo33	PHYSICIAN: Please underline the cause to which dear	h should be charged statistically.	
	Fort Howard		22. VIOLENCE: If death was due to external causes, fill	in the following;	
17. Bu	rial on, or respond. Which?	Date thereof	Accident, suicide, or homicide		
	.//	~ + ·			
Cemetery or crema	iory Baltim	one national Cem	Where did injury occur?	(County) (State)	
Lecotton B	etimine	maryland	Injured at home, farm, Industry, public place (where?)		
Location	O D A	0 10	Moans of Injury	Injured at work?	
18. Funeral director.	Charle	J. C. Law			
Address & O	2 made	son ane.	Robert m. Cil	le a m	
		0.1	23. SIGNATURE	CI.TMM. IDTR ther	
19 7	2 1946	All Halen	Fort Howard. Md.	6-30-46	
(Date rec'd by r	registrar)	4 Registra	Address	Date signed	

Ansive C TARENT SUCLING TE. Mr. Manney St. Shorter St. Male Colored Tie. The mount Of sent 4 24 as - of game -34 The company that the second second three is a standard to program 1. S. 175 [915] 1 per 1 Livelia no . mengan a transfer feedings.

MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore 108 CERTIFICATE OF DEATH Reg. Dist. No. 33 The correct 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: information carefully. The cof death clearly and legibly. (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town (If outside city or town limits, write RURAL and give nearest town) street address where death occurred: (If rural, give LOCATION) 2.(g) It veteran, name war How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single married, widowed, or divorces MEDICAL CERTIFICATION 4. Sex MARGIN RESERVED FOR BINDING item of 19.46 at 21.40 P. W 8.(6) Name of husband or wife..... 19.4.6 Supply ever 7. Birth date of deceased (mo., day, yr.) Days It less than one day Years Months 8. AGE: Physicians: please 35 (Town, county, and state) important. 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations...... 15. Birthplace especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing: (mouth) (day) (year) Accident, suicide, or homicide, Where did injury occur?(City or town) WRITE Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury PLEASE Registrar

DURATION



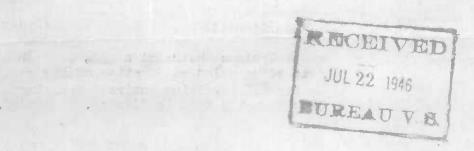
A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1226

05730

,			CERTIFICAT	TE OF DEATH	Reg. Diat. No	30	
How long in above place Hospital, institution, or Spring	Baltimo Catons utaide city or town I of death? 1 yr: street address where Grove Sta- institution? 1 yr:	rille imits, write R 3., 1 m death occurred te Hosp	URAL and give nearest town) onth, 5 days ital month, 5 days	Street No. 247 South Highland Avenue (If rural, give LOCATION) 2.(c) If veteran, name war. 3.(b) Social Security Numb			
4. Sex female	5. Color or race	6.(a)Singl	e. married, widowed, or divorced	MEDICAL C. 20. DATE OF DEATH			
7. Sirth date of deceased (mo., day,) 8. AGE: Years	(c) 1889?		tf alive, give ageyears	May 4 19 and thal I last saw h 97 alive on J. Immediate cause of death Peritonitis	45 to June 9 me 9	19.46 19.46	
9. Birthplace	None None Herman Pittsb	Kimble		Due to Volvulous obstruct descending colon at to Oue to sigmoid involving colon from the splenic Other conditions	ontire descer flexure.	nding Indef.	
15. Birthplace 16. Informant	Catonsv	irgh, F	enna.	Major findings of operations. Showed intestinal tract, fluid Autopsy results. As above. PHYSICIAN: Please underline the cause to w 22. VIOLENCE: If death was due to external call Accident, suicide, or homicide.	d in Date of op	6-8-46	
Location	spring tonsville	28, Ma cove St 28, Ma	State Hospital ryland ate Hospital	Where did Injury occur?	injured at work? M. D.	0. or other 6-10-46	



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2411 N. Charles St., Baltimore MY

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ERTI	FIC	ATE	OF	DE	ATH

CIEICATE OF		
CIFICATE OF	DEATH	Reg. Dist. No.

1/PLACE OF DE	EATH: Baltin	7070		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	Catonsville			Maryland	
City or town	City or town(Ye and the city or town limits, write RIPAL, and with parcet town)			State County County	
	e of death? 7 m	onths	15 days	City or town. (If outside city or town limits, write RURAL and give nea	most town)
Hannidat Inciliantian a	e of weath?	dooth neavers	d.	1301 Tinden Street	
Sprin	ng Grove St	tate Ho	spital	Street No. 1301 Linden Street	yh
	7) 1	nonths	15 days	(If rural, give LOCATION)	
How long in hospital o	or Institution?		20 40,5	2.(a) If veteran, name war	
3. (a) FULL NAM		is Kiro	chheiner	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION	
20.2	and I to				
Male	White	Se	parated	20. DATE OF DEATH June 8, 1946 19	at 4:00 P
	d or wifeB	lancha	Teaid	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from
				Oct. 23 1945 19 to June 8	
		6.0	(c) If alive, give ageyears	and that I last saw h im alive on June 8, 1946	10
7. Birth date of	yr.) Februar	y 28,]	1876	Immediate cause of death Terminal right lower	
8. AGE: Year		Days	If less than one day	Immediate cause of death	5 days
O. Ada.				lobar pneumonia	Juaya
70	0 3	11	hrs. min.		* *************************************
9. Birthplace	New	York M	I.Y.	Bue to Generalized arteriosclerosis	
D. Diffiplace	(Town	county, and	state)	cachexia	Indef
10. Usual occupation.	Coppersi	mith		Hypertensive C-V-R Disease	17
	24.4.77.	1 200000		Gue to	***************************************
11. Industry or busine			3		***************************************
12. Name			r	Other conditions	***************************************
13. Birthplace	Gem	many			
	Tourist 1	To fat		(Include pregnancy within 8 months of death)	
王 14. Maiden name	Louisa New	AGTER		Major findings of operations	
15. Birthplace	New '	York		Date of op.	
HO	enitel Par	onde s	Spring Grove Hospi	taltopsy results.	
				PHYSICIAN: Please underline the cause to which death should be charged	
Address	C tonsville	e, 28,	Md .		
10 Bus	i 14 6.	Bodo Abos	6/11/46	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, crematio	m, or removal. Which?	Date the	reof 6 446 (nonth) (day) (year)	Accident, suicide, or homicide	
Comptant or cromp	tory OAK L	AWI	V CENI-	Where did injury occur?	(Ctata)
M 9 9	CEAC				(State)
	15 EAST			Injured at home, farm, Industry, public place (where?)	
1B. Funeral director.	JOHN R.		INY	Meens of injury injured at work?	10 -
Address J 2 4	2 LEEDS	TER.	ARISUT-S-NID	Asine Callisan	ONN
	10 1966		ce Hede	25. SIGNATURE HENRY C. A. Mead, M. D. M. D.	or other
19				Catonsville 28. Md	6/8/46

HARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNF. DING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



MARYLAND	STATE	DEPARTMENT	OF	HEALTH

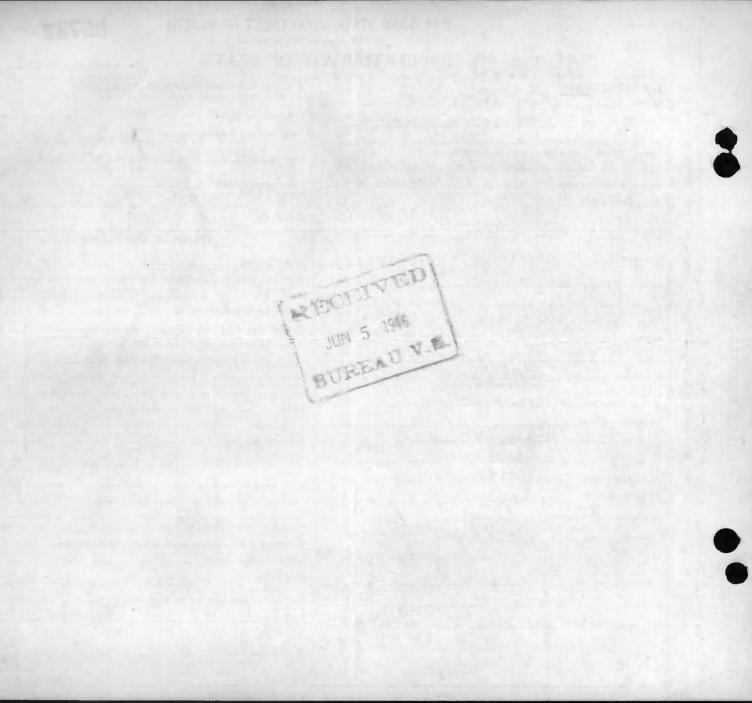
2411 N. Charles St., Baltimore

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19	30	۲.	3	

05732

			20
17	pa "	Reg. Di	st. No. 30

CERTIFICAT	E OF DEATH Reg. Dist. No. 30
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown. (If outside city or town limits, write RUKAL and give nearest town)	State Md County City or town Baltimore
How long in above place of death?	Street No. 1442 Auresside Ost
How long in hospital or institution? 18 months	(If rural, give LOCATION) 2.(a) If veleran, name war
3. (a) FULL NAME annie M. Ifle	3. (b) Social Security Number
Female White Midowed	MEDICAL CERTIFICATION 20. DATE DF DEATH. 1946, 1347, M
B.(b) Name of husband or wife. Educated 6. Flessel S.(c) It alive, give age. years	21. CERTIFY that death accurred on the date above stated: that rathended deceased from
7. Birth date of deceased (mo., day, yr.) Och 29-1857	and that I last saw halive oo
8. AGE: Years Months Days It less than one day 7 2	arterio Solaroris with
9. Birthplace Batting Md. (Town, county, and state)	Due to.
10. Usual occupation. Vouse Wife	Due to
11. Industry or business 12. Name John Riedel Sermany	Dther conditions
14. Maldeo name. Juhnstur	(Include pregnancy within 3 months of death) Major fludings of operations.
El 15. Birthplace Almany 18. Informant Alray Ridel	Autopsy results
Address 1533 north gate Road	PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal-Which?) Date Mereof (month) (day) (year)	Accident, suicide, or homicide
Location Lawlow ave	Where did injury occur?
18. Funeral director Mr. Mus. John W. Genfel v Son	Means of Injury Injured at work?
Address 801 W. Fagette St. Balto. Mid	23. SIGNATURE LUCE M. D. of other
19. Date ree'd by registrar) 19. Walley Registrar	Address Date signed



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05733 Reg. Dist. No. 4

1. PLACE OF DEA	TH: Balti	more		2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED:	
County	Dunda		***************************************	State Md • Co		e
City or town(If ou	tside city or town l	mits, write R	URAL and give nearest town)	City or town		
How long in above place o	f death?		***************************************	(If outside city or town limit	s, write RURAL and give ne	arest town)
Hospital, Institution, or s	treel address where 4 Flagsh	in Ro	ad	Street No. 14 Flagship F	COAC	
How long in hospital or i				2,(a) If veteran, name war		***************************************
3. (a) FULL NAME				"	3. (b) Social Security	Number
J. (6) 1 O24 1171112			e K. Knecht			
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	//	ERTIFICATION	- 10-
female	white		widow	20. DATE OF DEATH. June 10,	19.46	at
6.(b) Name of husband o				21. I CERTIFY that death occurred on the date ab	pove stated; that lattended dec	eased from
7. Birth date of) If alive, give ageyears	and that I last saw halive on	wal 110,	19.46.
deceased (mo., day, yr.		ber 8		Immediate caose of death		DURATION
8. AGE: Years	Months	Days	If less than one day	myranus	acull	3740
77	8	2	hrsmin.			21441
9. Birthplace	(Town	county, and		Due to		
10. Usual occupation		none	***************************************	Due to		
11. Industry or business						
12. Name	Micha	ael		Diher conditions Careful full	willinge	2 mil
≥ 13. Birthplace	Monte			(Include pregnancy within 8	months of death)	
본 14. Malden name	Mai I			Major findings of operations		
14. Maiden same 15. Birthplace	-				Date of op	
I me attack termine a constitution			Mc Gowan	PHYSICIAN: Please underline the caose to	which death should be charge	d statistically.
Address	4 Flagsi	nip Ro	ad, Dundalk	22. VIOLENCE: If death was due to external c		
Burial (Burial, cremation,		Date ther	eof June 13, 1946 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, eremation,	or removal. Which	klawn	(month) (day) (year)			
Cemetery or cremator	y		***************************************			
Location	Eastern	Avenu	e	Injured at home, farm, industry, public place (00 00 04 0000 0000 0000 0000 0000 0000
18. Funeral director	Rolani	17	Fisher	Means of Injury	Injured at work?	
	12 Dunda			Maria	N. audiens	24.19
Mdd.e22	1.1	In	Ma. a	23. SIGNATURE	M. D	or other
19. (Date red d by red	196.19	1. 110	Registra	Address 2 Kurshy 18	Charles Date signer	6/12/40
(Frem res of my 1) 8		7				

JUN 15 1946
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(item	F.	Jo
	D. Every	SICIANS	atement
5	RECOR	7. PHY	Exact si
BINDING	ERMANENT	EXACTLY	y classified.
FOR	IS A P	stated	properl
0	HIS	þe	pe
MARGIN RESERVED FOR BINDING	ING INK-T	AGE should	that it may
MARGI	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every (item of infor-	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
•	PLAINLY,	should be car	OF DEATH
V. M. No. 1	N. BWRITE	mation s	CAUSE

CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (5734
1. PLACE OF DEATH	932
County	Registration Dist. No. 44
Village or City Back Rever Welk Brand	No. North 13 34199 CHEEL AV Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ludmila Strip	an
(a) Residence: No. A verte 13 Excel 88	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from 1946, to seeme 10, 1946
6. DATE OF BIRTH (month, day, end yeer) Seft (6, 1881	lest saw her alive on Justil 10 ,1946; death is seid
7. AGE Yeers Months Days If LESS than	to have occurred on the dete stated above, at 5 - A m.
64 8 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were 3 follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Serebral gruplery Ine 5/46
9. Industry or business in which work wes done, as SILK MILL,	
SAW MILL, BANK, etc	
10. Date deceesed lest worked et this occupation (month and yeer)	
Court leurenz	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	1/2 miles dans one
13. NAME Stephenyinarover	Vurnum orace
14 RIPTHPI ACE (city or town)	Name of operation Dete of
(State or country) custua language	Whet test confirmed diegnosis? Was there en europsy?
15. MAIDEN NAME UST ROWN	23. If death was due to externel ceuses (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Curtura Stever gary	Accident, suicide, or homicide?
E (State or pountry)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Wary Honga (Address) Back Phene Red Moad	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Voly Redeenly Date 673-46,19	Neture of injury
19. UNDERTAKER Trank 6 vach Loon	24. Wes disease or injury in any wey releted to occupation of deceesed?
20. FILED Jame 1 D. 19 4 6 John M. Comelly	(Signet) M. D. (Address) M. L. D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		Terrend Conservation of the Conservation of th		

ADDITIONAL SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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VS A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-2

CERTIFICATE OF DEATH

05735 Reg. Diat. No. ..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County La College County	State and county Baltanore
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 52 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
George To Found	Le 150 - 09 - 7500
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
grale glite granied.	20. DATE OF DEATH Grane 26 1940 at 2 AM
6.(b) Name of husband or wife. Proceed	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
6 (A) M all 11 al	april 1946 10 June 2.6 1946
I I. Sirin date of	and that I last saw h Line alive on June 26 1996
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
60 6 19min.	Coronary Justifican
01:1- 10111 Ph	Que to.
9. Birthplace (Town, gounty, and state)	DUE (C.
10. Usual occupation.	Due to.
11. Industry or business	
12. Name flatanish Jane 12. Name Phile Selbling 25	Other conditions Cancinsma of Juny
	(Include pregnancy within 8 months of death)
14. Malden name Filler Callabara 15. Birthplace Stations	Major findings of operations.
15. Birthplace	Date of op.
16. Informant	Autopsy results
Address H fronth Use.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereal (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory	Where did injury occur?
Philosoph C.	(City or town) (County) (State)
Location 21 2 in 1-10	Means of Injury Injury Injured at work?
18. Funeral director Market T. C. Life that Type	
Address 7110 Belan Blood	23. SIGNATURE THE COLED M. S.
19. Jone 16 19 19 19 19 19 19 19 19 19 19 19 19 19	Address A Flenway Do Balta 21 Bate signed 6 - 26-46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BA

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State Maryland County		
City or town (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 2 years, 1 mo., 29 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 670 West Fayette Street		
Spring Grove State Hospital	(If rural, give LOCATION)		
How long in hospital or institution? 2 years 1 month 29 days	2.(a) If veteran, name war		
3. (a) FULL NAME FANNIE LAMONDÉ	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	20. DATE OF DEATH		
	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from		
6.(b) Name of husband or wife	April 15, 1944 19		
7. Birth date of	and that I last saw h. STalive onJune. 14, 1946		
deceased (mo., day, yr.) May 14, 1866	Immediate cause of death Terminal pneumonia DURATION		
8. AGE: Years Months Days It less than one day	2 days		
.8.0 1 0min.			
8. Birthplace Baltimore, Maryland (Town, county, and state)	Due to Chronic myocardial insufficiency Indef.		
10. Usual occupation			
	Due to Arteriosclerotic C-V disease "		
12. Name David George Beckwith	Dther conditions		
13. Birthplace New York	(Include pregnancy within 8 months of death)		
14. Malden name Mario Egorton			
Co Fermenech Trelend	Major findings of operations		
15. Birinplace CO. Porthamagni, 11 ofantu.			
14. Malden name Marie Egerton 15. Birthplace Co. Fernanagh, Ireland. 16. Informant Hospital Records, Spring Grove State	Autopsy results		
Address Hospital, Catonsville, 28, Md.			
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Date thereof 6/18/46 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Greenmount Cem.	Where did injury occur?		
Location Balto., Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director WM. J. TICKNER & SONS	Means of Injury Injured at work?		
Balto. Md.	1/6. Prish - Son		
Address	23. SIGNATURE TEUTS COUNTERS M. A.		
19. 6-17 1948 ayrely	Henry C. A. Mead, M. D. or other Address Catonsville, 28, Md. Date signed 6/16/46		
(to: 'lty registrar) Pegistrar	Address UR CORSYLLIO 60 MQ Date signed		

(Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

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CERTIFICAT	E OF DEATH Rog. Diat. No.
ty or town. (If outside city or town limits, write RURAL and give nearest town) ow long in above place of dealh? ow long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
(a) FULL NAME maria a. Larab	3. (b) Social Security Number
See J. Single, married, widowed, or divorced W. Wildow (b) Name of husband or wife-Late albert Larabee	MEDICAL CERTIFICATION 20. DATE DF DEATH 20 1946 at 1946 at 1941 deceased from
Birth date of deceased (mo., day, yr.) AGE: Years Months Days It less than one day Grant	and that I last saw help alive on June 19#6 Immediate cause of death Ceral African Suff.
Birthplace. (Town, county, and stafe)	Due to Oddition of arteria relevants ?
1. Industry or business 12. Name Jashua Harrocks	Due to
14. Malden name Hamme Wood 15. Birthplace England	(Include pregnancy within 3 months of death) Major findings of operations
8. Interment Mrs. Belssie Langlais.	Autopsy results
(Burial, cremation, or removal, Which?) Date thereof July 1946. (Gay) (year) Cometery of crematory New Farrest Heel Commellery The Comment of the Comment of the Commellery The Comment of the Comment of the Commellery The Comment of the Comment o	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
9. Funeral director Harris H. history l. Address 4101 & filmondson auc.	Means of Injury Injured at work? 23. SIGNATURE M. D. or other
1-1 16 Chiffolik	C. Townill - 28. M. J. or other

Registrar

Address Colonia

Ur. W. Yr. Gallaga 429 Whrung Lame

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	U.	5	7	3	8
Reg.	Dist. N	io.	3	5	<i>-</i>

1. PLACE OF DEATH: county	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of me	DECEASED:	
City or town Parkville (If outside city or town limits, write RURAL and give nearest town)			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town Parky111e (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Sireet No. 7705 Park Drive		
7705 Park Drive	Sireet No	L V S OCATION)	
How long in hospital or institution?	2.(a) I1 veteran, name war		•••
3. (a) FULL NAME		3. (b) Social Security Number	
ELIZABETH S. LEASE		**	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CER	RTIFICATION	
female white widowed	20. DATE OF DEATH June 19th.	1546 at 1 P.	М
6.(b) Name of husband or wife. Thomas F. Lease	21. I CERTIFY that death occurred on the date above		
	June 3rd.		
7. Sirth date of deceased (mo., day, yr.) October 11th, 1857	and that I last saw h. er alive on Jur		_
8. AGE: Years Months Days If less than one day	Immediate cause of death		
88 8 8hrsmin.	Lerebrai nemmorrnage		******
9. Birthpiace Balto. Md. (Town, county, and state)	Due to Arteriosclerosis a		rs.
	tension		
10. Usual occupation At Home	Due to		
11. Industry or business			*****
12. Name Silvers 13. Birthplaco Unknown	Other conditions		
	(Include pregnancy within 3 more	nths of death)	
14. Maiden name. Unknown 15. Birthplace Unknown	Major findings of operations		
\$ 15. Birthplace Unknown	Major Madage of operations		
18. Informant Mr. Charles J. Lease	Antopsy results		300000
Address 7705 Bark Drive, Parkville 14, Mc	PHYSICIAN: Please underline the cause to which	a death should be charged statistically.	_
17. burial (Burial, cremation, or removal. Which?) Date thereof June 22, 1946 (month) (day) (year)	22. VIOLENCE: I1 death was due to external causes Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory. Loudon Park			,
	Where did Injury occur?(City or town)		
Location Balto, Nd.	Injured at home, farm, Industry, public place (where		
18. Funeral director Tanana San Trusperal House	Means of Injury	Injured at work?	
Address 7401 Belair Road	23. SIGNATURE A. J. Wilking	MAM	
19. 6/20 19.46. (P.M. Dacon)			*****
(Dayo rec'd by registrar) Pub htt B. Registrar	Address 5713 Bel Air Rd.	Date signed 6/20/46.	

JUN 21 1946
BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

(15739 Reg. Dist. No. 44

1. PLACE OF DEATH: Balto	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	,
8-22	State Md County Ball	~
(If outside city or town limits, write RUPAL NEAR and give town)	2-01.	
Street address, hospital, or institution:	City or town (If outside city or town limits, write RURAL NEAR and give	ard No
18/1 aaden ou	Street No. 2409 Foston Ces	
Stay in hospital or inst. (yrs., or mos., or days)	(If rural give LOCATION)	/
Stay in this community (yrs., or mos., or days)/	2(a) IF VETERAN, NAME WAR	V
3. (a) FULL NAME Porothea J. Le	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
.f. W. Single	20. DATE OF DEATH 21 June 1946	a. at 9 P. M
B (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended dece	
	14 June 1946 10 31 June	19 46
7. Birth date of	and that I last saw h LX_alive on 21 Quare	19 46
deceased (mo., day, yr.) 4/12/8/	D. +	
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
59hrsmin.	- Kecamplus atros	1 - samo
8. Birthplace Balto -	17.	600
(Town, county, and state)	Due to Univaria ungararang	6 man
10. Usual occupation It our Raeger		
11. Industry or business Physican a Res.	Due to	
12. Name Honry CC. Larg 13. Birthplace	Other conditions	
13. Birthplace Botto	Other Conditions	
14. Maiden name Mary Smooth 15. Birthplace	(Include pregnancy within 8 months of death) Major findings:	PHYSICIAN
2 15. Birthplace	Of operations	Please underlino
18. Informant Geslier Collenctor		the cause to which death should be charged statisti-
Address 7871 Castern ac	Df autopsy	cally.
17 Busial Date therent 6/25/46	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?(City or town) (County)	(State)
Location 4600 Belain Rd	Injured at home, farm, industry, public place (where?)	(00000)
18. Funeral director Lelly + Zailer Ox	Means of Injury Injured at work?	
Address 4030 Jolk St	Kenne Short	· MD
(1) (1) (6) Al (8) P (1)	23. SIGNATURE M. D.	of other
(Date rec'd by registrar) 19. Control of the rec'd by registrar	Address Essex Mand: Date signed	211

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 163-101

CERTIFICATE OF DEATH

05740 Reg. Dist. No.

1. PLACE OF DEATH: Paltimore.	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother) State Gausty Gausty
City or town (If cotside city or town limits, write RURAL and give nearest town)	Beth
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death/occurred:	Street No.
/	(If rural, give LOGATION)
How long in hospital or institution?	2.(a) I1 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mrs Eleanora morgan Long	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female. White married	20. DATE OF DEATH June 13 1946 21 1 P. M
8.(b) Rame of husband or wife Bertrum Long	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife. Tolkhum Aang	2-14 dead 13 446 10 6-14 18 166
7. Birth date of	and that I last saw h 12 2 2 00 6 14 1946
deceased (mo., day, yr.) Uplut 6 18 9 4	Immediate cause of death
8. AGE: Years Months Days If less than one day	Earlon monoxide Paisonary 7 hrs
52 2 7hrsmin.	7
9. Birthplace Was hungton D.C.	Oue to
Ho week accomit as	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Dr. James D. Margan 13. Sirthplace Charles Co, Md	Other conditions
	(Inclode pregnancy within 3 months of death)
# 14. Malden name Mary Coell	
14. Maiden name Mary abell 15. Strthplace Balto, Go,	Major findings of operations.
har A Bergeral formit	Autoosy results. Date of op.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Styndon Md	22. VIOLENCE: It death was due to external causes, till in the following:
(Borial, crematico, or removal, Which?), (mooth) (day) (year)	Accident, suicide, or homicide twiste Date of 6-13-46
Gemetery or crematory Rock Eneck	Where did latury accur? Reisterstown Ballo Mid
Charles to DP	(City or town) (County) (State)
Location August N. Co	
18. Funeral director Henry / Luneurs / Limo @	Means of Injury Injured at work?
Address McCullokr Orchard Sto	a & Caples & 2 Expens
1 - 11 0.06 1:1	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Reistisations and Bate stand 6- 14-46

Rec'8 15/46

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

* 05741 Reg. Diat. No....

57

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Dora Puce	Matthews 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced W. W. W. dowel	MEDICAL CERTIFICATION 20. DATE OF DEATH. JUNE 18 19 4 1 3 5 2 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. \$2\$, to \$3. \$7. \$19. \$2. \$2. \$3. \$4. \$3. \$19. \$2. \$4. \$3. \$4. \$3. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4. \$4
11. Industry or business 12. Name 12. Name 13. Birthplace 14. Malden name 5 parls, md 15. Birthplace 16. Informant 9 W matthews	Other conditions J. 2015. T. J. S. T. J. J. S. T. J. J. S. T. J. J. S. T. J. S. T. J. J. S. T. J.
Address 17. Date thereol. June 20 (946. (Burial, cremation, or removal. Which?) Cemetery or crematory Location Sparkes M. d.	22. VIOLENCE: 11 death was due to external causes, 1!!! In the following; Accident, suicide, or homicide
Address Spalls Md. June 19 46 Vilmer C, Ensor (Date rec'd by registrar) Registrar	23. SIGNATURE Parkets M. D. scother Address Parkets M. D. scother M. D. scother



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1377) CERTIFICATE OF DEATH

A	
million.	

1. PLACE OF D	Dol+4	more		(For newborn infants give residence of mother)		
County		sville		Siale Maryland County Baltimore		
How long in above pla Hospital, Institution, Sprin	ce of death?9	ontha., death occurred ate Hos		City or town. R.F.D. #1. Hyd (If outside city or town limits, Streel No. (If rural, give)		
How long in hospital	or Institution? 9 m	onths,	23 days	2.(a) If veteran, name war		
3. (a) FULL NAI	ME		an McClary		3. (b) Social Security N	lumber
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Î	W	w	idowed	20, OATE OF DEATH June 7	19.46	at 9:50 p.
			Acciary c) If alive, give age	21. I CERTIFY that death occurred on the dale abov	45 to June 7	19.46
7. Birlh date of deceased (mo., day	3077	- 4		and that I last saw h		
8. AGE: Yes	ars Months	days	If less than one day	Immediate cause of death		1 month
6	9 9		hrs min.			
9. Birthplace	(lown	, county, and	atate)	Due to Arteriosclerotic C cerebral disease.	ardiovascula r	Indef.
11. Industry or busin	ess home			Oue to		***************************************
12. Name?	Johnso Maryland	n		Other conditions		
	3	************		(Include pregnancy within 3 m		
	? Toenitel Do	oord a		Autopsy results. NO	Oats of op	
	atonsville			PHYSICIAN: Please underline the cause to wh	ich death should be charged s	tatistically.
Par la	on, or removal, Which		1991 Jane 10-1946	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide Where did injury occur?(City or town)	Oate of	
Location	Justo	_		Injured at home, farm, industry, public place (wh		
	CO = 01 ==	CI	. Cultur	Means of Injury	Injured at work?	
18. Funeral director	70	R	Wal	Isadore Tuer	k	
15. 6/11	19 44	Ha	my D. miller	23. SIGNATURE Catonsville	28, Md. M.D.	6/7/46
4 Franklin	registrar)		10' Registrar	Address	uate signed	





VS A15

RECEIVED

JUN 12 1946

BUREAU V.S.

VS A15

	arles St., Baltimore 107
FILM No. 1 0 6 AUG 13 1946 CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Mospital, instilution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant; give residence of mother) State
How long in hospital or institution? 3. (a) FULL NAME	3. (b) Social Security Number
Annia Wenter On Malla.	3. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F Negro Welowed	20. DATE OF DEATH June 27 1946 21 4 27
6. (b) Name of husband or wife	Immediate cause of death. DURATION DURATION
17. What Date thereof June 30 / 19 (Burial, cremation, or removal Michigan Memorial (month) (day) (yet) Cemetery or crematory Williams Location 18. Funeral director Mas Satur A Williams	22. VIOLENCE: If death was due to external causes, fill in the following; **Recident, suicide, or homicide
19. June 29 19. 46 a.W. Kefred Data ree'd by registrar) 19. Registrar	23. SIGNATURE FLORING SERGEM. D M. D. or other Address / 40 Oak Are Date signed 6-27-46

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	P
1. PLACE OF DEATH		942	
County / Saltun	re /	Registration Dist. No.	
Village or City Mhoddle	Kirei 1	Ceros & Marting Plans	Ward
Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and num ds. How long in U.S. If of foreign birth?	
2. FULL NAME John	2/ m:000		
A = == 0	2018		. ,
(a) Residence: No. 27 2	(Usual place of abode)	St., Ward. If nonresident give city or town and Sta	te V
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	11
Make Whete	Married	(Month) (Day)	(Year)
5a. If married, widewed, or divorced HUSBAND of	0.1. 11	22. I HEREBY CERTIFY. That I attended dec	asead from
(or) WIFE of Catherine	Miller	June 21, 1946 to	. f9
6. DATE OF BIRTH (month, day, and year)	2/1881	I last saw h alive on	eath is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at	
64 8	19 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:	ate of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, Mashing from		1-12	2
kind of work dona, as SPINNER, Mac SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	V = 1.0	Oronary Celusy	3
9. Industry or business in which work was done, as SILK MILL SENSI SAW MILL, BANK, etc.	X. Martin 6		·····-3
- this occupation (month and	ff. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of importance:	
12. BfRTHPLACE (city or town) (State or country)	10 ma		
E	Hacker		
f4. BIRTHPLACE (city or town) (State or country)	anknow	Name of operation Date of What test confirmed diagnosis? Was thera an auto	neu?
E 15. MAIDEN NAME Rathering.	(1	23. If death was due to external causes (VIOLENCE) fill in also the following:	psy!
16. BIRTHPLACE (city or town)	(/	Accident, sulcide, or homicide? Data of injury	., 19
∑ (State or country)		Where did injury occur?	
17. INFORMANT Mrs atherine Miller (Address) 507 E 28 th St.		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	•
FR. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Date 7 20 , f9 4 5		Nature of injury	
19. UNDERTAKER ANDROVA CONFINE		24. Was disease or injury in any way related to occupation of deceased?	
(Address) 13/4 Tout St.		If so, specify	7
20, FILED 6/24, 1946 A. W. Idedus (Signed) (Address) Nossel Medical St		7 M. D.	
If more blank	Registrar.	2411 N. Charles Street, Baltimore, Regulating U. S. No. 1.	Elitian
		condoll.	ad.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

() ()	

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

U574532
Reg. Diat. No.

md.

1. PLACE OF DEATH: County Baltimore-	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or fown Old My 9 5 Miles Wiles Rule Rule Rule Rule Rule Rule Rule Rule	State Manuflacello County wince Leaves
How long in above piace of death?	(If outside city or town limits, write RURAL and give necrest town)
Hospital institution, or street address where death occurred:	Street No. 4216 Pass heel- ave
Rosewood Stale School (Owings Mills	(If rural, give LOCATION)
How long in hospital or institution? le 1900 2 2000 2000 2000 2000 2000 2000 20	2.(a) If veteran, name war.
3. (a) FULL NAME Mary acce leveller (Ma	Ry Anne Miller) 3. (b) Social Security Number
4. Sex 5. Colof or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Terrole White Single	20. DATE OF DEATH June 13 1946 21 2.25 AM
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	7. 10. 1. 19.78 , to June 13. 19.46
7. Birth date of deceased (mo., day, yr.) Quality 12. 1935	and that I last saw h. a.a. alive on
8. AGE: Yeare Months Days If less than one day	Immediate cause of death
10 10 1hrsmin.	Bronchopnoumonia. Adep
9. Birthpiace Washington DC	Due fo.
(Town, county, and atate)	Bronchitis Sdys.
10. Usual occupation	Due to.
11. Industry or business 12. Name B. o. b. e.R. T. M. i. // e.R.	Measles (Rubeola) 3des.
12. Name. 12. Na	Other conditions. Chronic Lew ocarditis - 7408mos
# 14. Maiden name & Rea 72 a STa T. Bus	(Include pregnancy within 8 months of death)
	Major findings of operations.
16. Informant Alexandr Dead Stale It aming School	Actopsy results
Address O was ego Mells Md.	22. VIOLENCE: If death was due to exfernal causes, fill in the following;
17. Butta Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemefery or crematory Fort Lincoln	Where did injury occur?
Location Colman manon. mal	Injured at home, farm, industry, public place (where?)
18. Funeral director Frush 14. Mesercel	Means of Injury Injured at work?
Address & besirlle . Incl	0
1 Cenila	23. SIGNATURE Label H. Lee Clear Laca las .
19. C - 19. C Details Registrar Registrar	Address Rosewood - Owi orga Mills Date signed June 13.1946

TO DESIGNATE STATE ORGANIAN

RECEIVED

JUN 18 1946

BUREAU V.B.

VS A15

MARYLAND S	TATE	DEPARTMENT	OF	HEALT	I
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2411 N. Charles St., Baltimor

	(92-2)
-	(44 total

A CF...FICATE OF DEATH

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0	U	6	生	0

Reg. Diat. No.

	, –
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State County
(If outside city or town limits, write RURAL and give nearest town)	City or town Hale Grape
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. 2005 North East. Gug.
	Street No. 2005 North East and (If rural, give LOCATION)
How long in hospital or institution?	2.(a) II veteran, name war Counted was #
3. (a) FULL NAME	3. (b) Social Security Number
Ernest W. mil	lo
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored married	20. DATE OF DEATH 6 19.46 at 1.05 0
G,(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If alive, give age years	May - 36 1846, 10 June - 6 1846
7. Birth date of	and that I last saw h alive an 18.45
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause at death DURATION DURATION
52 11 20hrsmin.	La house rugge as dely
13 0%	to uture The at
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation.	Busto
11. Industry or business	000 10.
12. Name mells 13. Birthplace	Other conditions
≤ 13. Birthplace 2nd	(Include pregnancy within 3 months of death)
E 14. Maiden name Rawlings	Major findings at operations.
15. Birthplace	Date of op.
18. Informant Service mills	Autopsy results.
Address 8/8 S. Eretans St	PHYSICIAN: Please underline the cause ta which death should be charged statistically.
D	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burlal, cremation, or removal. Which?) Bate thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory W.S. Matamal	Where did injury occur?
Location	injured at home, farm, industry, public place (where?)
18. Funeral director James and Starrey	Means of Injury Injured at work?
Address 143 U.S. Tolige SE	1000
4-7 (1)	22 SCHATURE Day Children M. D. og other
(Date rec'd by registrar)	Address VV See N Bate signed 6/9/46

V. S. No. 1

STATE OF N	MARYLAND-	CERTIFICATE OF DEATH 747	
1. PLACE OF DEATH			
County Ballo		Registration Dist. No.	4
Village or City Dunckal		NoSt	Ward
Langth of rasidance in city or town where death occ	10	death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. If of foreign birth?	
1 000	1 Joseph	yrsyrsmo	3
2. FULL NAME Charles	Jt Illes	men	
(a) Residence: No. 10 fee	sual place of a vode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	Drafe
3. SEX 4. COLOR OR BACE 5. SING	GLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
may White OR	DIVORCED (write the word)	(Month) (Day)	195/6
5a. If married, widowad, or divorcad HUSBAND of			(tear)
CON WHEEL HARRIET &	S. MINNICH	22. HEREBY CERTIFY, That I attended of	feceasad from
Mal	1 10/100.	June 1,5946, to	, 19
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 12 m.	; daath is said
lad	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance	
8. Trada, ptofession, or particular	ormin.	were as follows:	Pate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Kelsee	Tour man Delusin	2
SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date dacaasad last worked at this occuration (month and	dell		Jeg .
SAW MILL, BANK, etc.	sulf 40.	7	
0 10. Date dacaasad last worked at this occupation (month and year)	11. Total time (years) spent In this occupation		
18 11.		Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) 4 4 4 1 (State or country)	MORE		
7 / 7	TINNILIC		
I	IMORE		
4. BIRTHPLACE (city or town) A L Z	ARVINAL	Nama of operation Data of What test confirmed diagnosis? Was there en a	********
	th Tlas	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME ELIZABE 16. BIRTHPLACE (city or town) Lang.	ESLAND	Accident, suicida, or homicide?	
State or country)	NYORK	Where did injury occur?	, 14
17. INFORMANT HARRIET S. TI	ZINNICK	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
	ARIEWAY		
18. BURIAL, CREMATION, OR REMAIL	DUNGOLK	Manner of Injury	
Place LALTIMIAE Data	6-18,1946	Nature of injury	
19. UNDERTAKER CHAS. T. EVAL	YS + SON	24. Was disease or injury In eny way related to occupation of deceasad?	
(Address) /18 W TILL Toy	AL AVE	If so, specify	
20. FILED 6/17/4619 ST MC	an and I MOI	(Signed) Mlpa-e	M. D.
, , ,	Registrar.	(Address) h) eff y Mellest by	Lacon
If more blanks are	e needed, address State Registrar,	2411 N. Charles Street, Baltimore Requesting U. S. No. a.	0- 11

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis TTTT 08	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
KON			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PREASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



05748

	Neg. Dist. No
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (Foppewborn infants give residence of mother)
Cily or town (If outside city or town limits, write RURAL and give yearest town)	State County County
Mow long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, of street address where death occurred:	
Derlaney Fa 1: 1 miles worth of Towson.	Street No
How long In hospital or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME Simon H Monde	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male write married	20. DATE OF DEATH. June 8, 19 46, 21 420 P. M
6.(b) Name of husband or wife and At Clay Mundell	21. I CERTIFY that death opened on the date above stated; that I attended deceased from
7. Birth dafe of deceased (mo., day, yr.) 4-27-1896	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death American Services Services (5 8/1/4
50hrsmin.	O.L.O. TO.
9. Birthplace BILIZEK, Ilusera	Que to State accident 6/8/46
(Town, county, and state)	
County	Due to
11. Industry or business	
12. Name	Other conditions
	(Include pregnancy within 3 mouths of death)
14. Maideo name USL 15. Birthplae USSUC	Major fiudings of operations
	Bate of op
16. Informant OME At LONG MUMBER	Autopsy results.
Address My Tun Tha	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Date thereof 6-9-46	22. VIOLENCE: If death was due to external causes, IN to the following: Accident, suicide, or bomicide
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Where did injury occur? Townson Ostiume Md.
Cemetery or crematory	(City or town) (County) (Itate)
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Units accessed - Caroper Light Ajured at office? Yes.
Address 1439 & Balti Rt	Rolling & Auden MA DNF.
10	23. SIGHATURE. M. D. or other
19. (Date rec'd by registrar)	Address Towan Mr. Date signed 6 8 146.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13.0

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Reg.	Di	at.	N	Э.	~	Q

	4 0		
1. PLACE OF DEATH A	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Md. County Balt C.		
City or fown. (If outside city or town limits, write RURAL and give nearest town)	City or town		
How long in above place of death?			
Kinday for at Koseph Tenace	Street No. Grindon Ave. at Rosehill Terrace (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Edward Jackson Monr	213-20-53/1		
4. Sea 5. Color or race 6.60 Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white single	20. DATE OF DEATH		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from		
	19 19 19		
7. Birth date of deceased (mo., day, yr.) May 14th, 1912	and that I last saw h		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
34 1 14hrsmln.	alvances		
9. BirthplaceVirginia (Town, coonty, and state)	Due to		
10. Usual occupationGarbage Collector	Due to		
11. Industry or business 12. Name. Thomas A. Monroe	Mental durades trong with war or use to		
12. Name Thomas A. Monroe	Unnate Sugarcile 1944)		
	(Investe Substance within 3 months of death)		
14. Malden name Betty R. Bryant 15. Birthplace Va.	Major findings of operations		
16. Informant Mrs. Thomas A. Monroe	Autopsy results		
Address Grindon Ave., Parkville, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) Date thereo July 1 1946	Accident, suicide, or homicide		
Cemetery or crematory Holy Redeemer	Where did injury occur?		
Location Balto. Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Landson Turneral Harris	Means of Injury Injured at work?		
mada Paraim Parai	(BOD. DIII NWANTE		
6/2= 1/ Ph. P.	23. SIGHATURE ATTILLUA M. D. or other		
19. 6 29 1846 UM GOCOCO	1000 1000 Md Bala signed 6/28/46		



9-45-15

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

CERTIFICATE OF DEATH

0575B8

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infasts give residence of mother)
County Baltimore	State MANA BANA COUNTY CIT BALLONNALL
City or town	
How long in above place of death? State Language to 1945	City or town
Hospital, Institution, or street address where death occurred	Street No. 4773 Utanhal ask
Eudowood Sanatorium, Towson 4, Md.	(If rural, give LOCATION)
How long to hospital or institution? Same My leg 945	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jour Wester Morre	1220-03-6537
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female John't Married	2D. DATE DF DEATH. 1111 25 p. m
8.(b) Name of husband or wife Mulwing Mossel	21. I CERTIFY that death occurred on the date above stated: that allended daceased from
	Jas Jas 16 1945 to Jasses To 1846
7. Birth date of	and that I last saw h. 13 alive on
deceased (mo., day, yr.)	1mmediate cause of death
8. AGE: Years Months Days liless than one day	
hrsmin.	and grander Sunder Sunde
9. Dirthplace Battismy My	Due to.
(Town, county, and state)	J. 1445I
10. Usual occupation Authority	Due to
11. Industry or business	
12. Name Ja han Palais Mc Dansy	Other conditions
13. Birtholace Battimens Mis	
14. Malden name Maria Rrampel	(Include pregnancy within 3 months of death)
n ma	Major findings of operations.
E 15. Birthplace Mallimus Ma	Date of op.
Personal History- Hospital Records	Autopsy results
Addre Eudowood Sanatorium. Towson 4. Md.	
R 0.1.194/	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Date thereol. (mo(h) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Holy Redeemer le	Where did injury occur?
Bolow Road	Injured at home, farm, industry, public place (where?)
Location 244 08-00-0	Means of injury Injured at work?
18. Funeral director	1.000
Address 3600 & Baltimore 87	IN (1 Midell
7-1 X1 A-64- B	23. SIGNATURE M. D. or other
19	AddresCowson 4. Maryland Date signed 6-28-46

VS A15

19. 7-19 (Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

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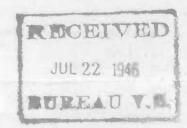
			1	2
Reg.	DIL	BI.	1	0
Reg.	Diat.	INO.		

M. D. or other
Date signed 7/4/46

Catonsville-28, Md.

			CERTIFICAT	Reg. Diat. No	00
City or town(If How long In above plac Mospital, inslitution, o	Baltim Catons outside eity or town I e of dealh? 8. ye or street address where ng Grove. S or Institution? 8.	ville imits, write I ars. 4 death occurre tate H	CURAL and give nearest town) months, 11 days ds ospital 4 months, 11 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	nearest town)
3. (a) FULL NAM	Fran	k Ande	rson (Naughton)	3. (b) Social Securi	ty Number
4. Sex male	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATHJune. 17	at12 : 30p M
7. Sirth date of deceased (mo., day. 8. AGE: Year	yr.) Augus	6.(t 15,	c) If alive, give ageyears 1906 If less than one day	21. I CERTIFY that death occurred on the date above stated; that I strended di	719.46
9. Birthplace		n. Wes	t Virginia mln.	Chronic myocarditis with scute ex	indefinit
10. Usual occupation. 11. Industry or busine	ss Railro	ad) Naughton	Due to	
13. Birthplace	? Rose E	. Paxt	on	(Include pregnancy within 3 months of death) Major findings of operations	
Address Rappin	Catons	ville-	28, Maryland	Antepsy results. As above PHYS1C1AN: Please underline the cause to which death should be charg 22. VIOLENCE: If death was due to external causes, fill in the following:	ed statistically.
Cemetery or cremal Ca:	ory Spring tonsville	Grove : 28, Ma:	••••••••••	Accident, suicide, or homicide	(State)
18. Funeral director Address	Catonsvil		Maryland	23. SIGNATURE ISAGORO Tuerk, M.D.	

1846 Harry Miller



2411 N. Charles St., Baltimore 934

CERTIFICATE OF DEATH

05752

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING	upply every item of
MARGIN RESERVI	ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of
I)[
•	WRITE PLAINLY,
115	ASE

1. PLACE OF DEATH: County City or town (It ontside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
andy. P. Welson.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced Male What Married 6.(b) Name of husband or wife. Exhel Malson	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day Months Mont	and that least saw h
9. Birthplace	Oue to Arthroxelinis 11444 Oue to Arthroxelinis quyus
12. Name Ondrew M. M. Selson. 13. Birthplace Denmark 14. Maiden name Ondrew Crickson. 15. Birthplace Denmark	Other conditions
16. Informant Address 6809 Dembar Coad 17. Address 6809 Dembar Coad 18. (Burial, eremstion, or removal. Which?) 19. (Gnonth) (day) (year)	Antopsy results
Location 18. Funeral director Classic Fernance House Address 2008 Obleans St	Where did injury occur?
19. (Date rec'd by registrar) 19X 6 A W. Neduce	23. SIGNATURE M. D. or other Address. 2 Knew leg 16 Studelle Med Bate signed 6 /1 /46

MILESON DELICATION REPORTED TO

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05753

1. PLACE OF DEATH: B. 11.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Md. County Ballings
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Russ 1- Billimon 28
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Nospital, Institution, or street address where death occurred.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME William Stall Nelse	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Make bliste widowed	20. DATE OF DEATH JUNE 9 1946 3:45A
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	Jone 10 1944 10 June 9 19 46
7. 8irth date of deceased (mo., day, yr.)	and that ! last-saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
81 2 11hrsmtn.	
9. Birthpface	Due to
(Town, county, and state)	District District
	Due to
	Dther conditions
12. Name Chrest and No. 13. 81 Inthilace	
8) B)	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace Of Tiggs Mc	Date of op.
16, informant	Autopsy results
Address Records & alil	22. VIOLENCE: It death was due to external causes, till in the following:
17 Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did Injury occur?
Location Slaucester, Mass	Injured at home, tarm, Industry, public place (where?)
V. O. Omtobillson	Means of Injury Injured at work?
18. Funeral director and E P P	Brushe from M.D.
Address 1900 Culuw Lace	25. SIGNATURES. P. or other
19. 6 9 19. 46 Harry Miller deputy	Address Calanille 44. Date signed Jones, 1946
O'College	

PLEASE WRITE PLAINLY, WITH UNF DING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

JUN 12 1946
BUREAU V. S

Reisterstown, Md. Dale signed 6-18-146

	CERTIFICATE	OF	DEATH

1. PLACE OF DEATH: County / Seltino C	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fe response infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town) now long in above place of death?	City or town four city or town limits, write RURAL and give nearest town) Street No
low long in hospital or institution?	2.(a) veteran, name war
Mrs. Mary Jeanne Nicklas	3. (b) Social Security Number
8. (α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
small white married	20, DATE DF DEATH June 18 1946 3 2 P. M
5.(b) Name of husband or wife Tegund Mickless 6.(c) If alive, give age 3! years 1. Birth date of deceased (mo., day, yr.) Lest 15 - 1918	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-18-146 19 19 10 6-18-146 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Bays Il less than one day 27 10 4 hrsmin.	Fractured skull(Occiptal) Communited fractures of both
9. Birthplace (Town, county, and state) 10. Usual occupation	Crushed ribs rt. & left (posterior) Due lo Internal Hemorrhage Abrasions of both shoulder &
12. Name / Obert D. Parel 13. Birthplace Franklin La. Pa.	Diher condillons back Lacerated scalp (Include pregnancy within 8 months of death)
14. Malden pame of orothy Shaffer 15. Birthplace Cambriday Ja.	(Include pregnancy within 8 months of death) Major fieldings of operations
Address R. R. # 1 Faintliville Pa	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Cemeters or cremation Ceme	22. VIOLENCE: If death was due to external causes, IIII in the tollowing; Accident, suicide, or homicide
Location Chambriston / 120.	Means of injury Motor accident injured al work?
18. Funeral director	med.

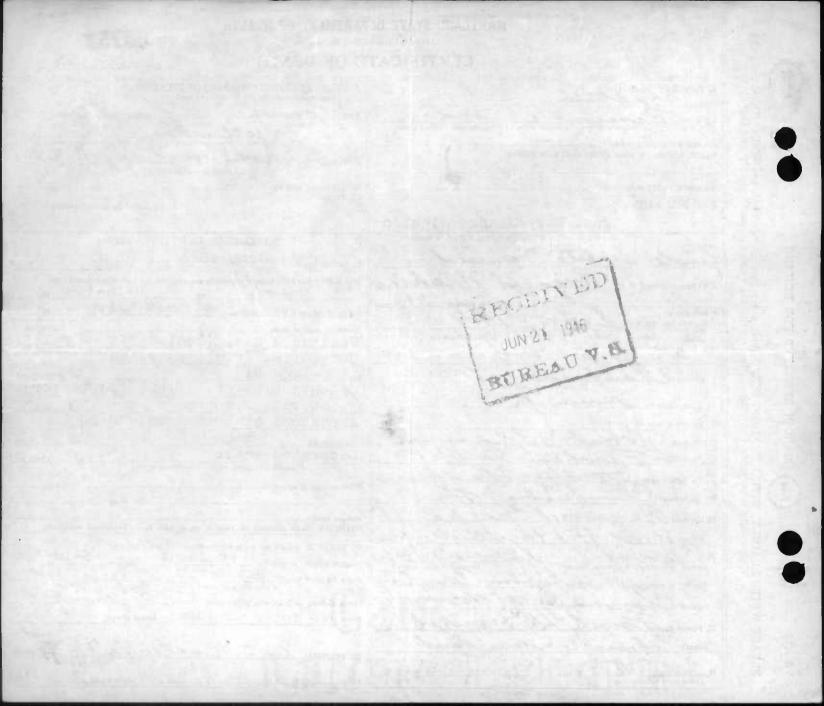
Registrar

Address....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)



PLEASE

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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EATH	Reg. Dist. No. 38

1. PLACE OF DEATH:	2 HOLLA DECIDENCE (TAGE CE) OF DECIDED		
County Baltimore County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or lows Towson, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Baltimore		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of dealh?	City or town. Cif outside city or town limits, write RURAL and give nearest town)		
Nospitat, institution, or street address where death occurred: 307 E. Joppa Road	Street No. 307 E. Joppa Road		
	(If rurai, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Grover Cleveland Orth	216-07-0096		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DE DEATH JUNE 10 19.46 2325 Pm		
8.(b) Name of husband or wife Hannah A. Orth	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(c) If allve, give age 51 years	meh - 1944 10 Jeona 10 4 19 46		
7. Hirth date of	and that I last saw h Man alive on June 9 % 19 46		
deceased (mo., day, yr.) September 18, 1885 8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION		
60 0 07	Cerebral Nemourhoge 3 day		
60 8 60hrsmla.	(apoplety) M. Ricke.		
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to.		
	Ceneral arlens Celerons		
10. Usual occopation Auditor	Due to		
11. Industry or business	1+4 perlession		
12. Name George A. Orth	Other conditions		
₹ 13. Birthplace ?			
14. Malden name Mary L. Overbeck	(Include pregnancy within 3 months of death)		
14. Malden name Mary L. Overbeck	Major findings of operations.		
	Date of op		
16. Informant Mrs. Hannah A. Orth	Autopsy results		
Address 307 E. Joppa Road, Towson, Md.	PHYSICIAN: Please underlino the cause to which death should be charged statistically.		
Burial Burial June 13, 1946	22. VIOLENCE: If death was due to external causes, till in the tollowing:		
17. Rurial Date thereof Jine 13, 1946 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemelery or crematory. Beltimore Cemetery	Where did injury occur?		
Location Last End North Avenue	Injured at home, tarm, Industry, public place (where?)		
91 / 4 1/.//	Means of Injury Injured at work?		
18. Funeral director Howard G. Still	- 10000		
Address 9 W. Penna. Ave., Dwson, 14.	23 SIGNATURE Dancel Tel- Tho Jempa		
10 Change 12 10 46 / All Artoll Voul Horn	23. SIGNATURE		
19. (Wate rec'd by registrar)	Address / owern 4. MB Bate signed 5/11/46.		





2411 N. Charles St., Baltimore 93-1)



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1 DI LOT OF MEATH	A HOULE PROPENCE (TECHNOLOGY) OF PROPERTY		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	In A Bast.		
City or town (if outside city or town limits, write RURAL and give nearest town)	State County County		
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)		
Mospital, Institution, of street address where death occurred:	Street No. 7200 Windsor Will Rd		
West Chester Uva	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Tarell Orac			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	· · · · · · · · · · · · · · · · · · ·		
	MEDICAL CERTIFICATION		
Male White Widowed	2D. DATE DF DEATH TENE 28 1946, et M		
8.(6) Name of husband or wife annie Oscar	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
B (a) lá allus alus aca	10 19 46, to 20 19 46		
7. Birth date ot W	and that I last saw had alive on 1946.		
deceased (mo., day, yr.) / SCY CX .	Immediate cause of death DURATION		
8. AGE: Years Months Days It less than one day	Combal Hamanhage 10 days		
7/ 3 2hrsmin.			
9 Birthplace Garnead M	200 m		
9. Birthplace	Due 10		
1D. Usual occupation	wycreally		
	Due to		
11. Industry or business			
12. Name Undred Oscar 4 13. Birthplace Germany	Other conditions		
13. Birthplace Garage			
E 14. Malden name. Unknown	(Include pregnancy within 3 months of death)		
T Is. Maluen name.	Major fiadings at aperations		
X 15. Birthplace	Date ot op		
18, Intermant Searge Dista	Autopsy results		
Address W. Chrotor aux	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 20, Charles 7/1/1	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. (Burial, eremation or removal Whiten?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide		
ne Olive	The state of the s		
Cemetery or ocomatory	Where did injury occur?		
Location Roslyn Bullo Ce. Md.	Injured at home, farm, industry, public place (where?)		
41:00: 1. 0.11 8	Mesns of Injury Injured at work?		
18. Funeral director			
Address' All OT. Soul	23. SIGNATURE Q.C.Sauck		
June 29 , 46 a.M Deduck	23. SIGNATURE - M. D. or other		
(Date ree'd by registrar)	Address & Date signed		

VS.A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: Balto.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County Dalle		
How long in above place of death?	(If our fide city or town limits write RURAL and give nearest town)		
Hospital, Institution, or street address where death occorred:	11.10 10.110 /9/		
/ frome	Street No		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Idward Boetler	lassano -?-		
4. Sex 5. Color or pice 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male While Married	20. DATE OF DEATH JUNE 13 = 19 46, at 5:30 F.M		
8.(b) Name of husband or wife Cleanor Killing Passano	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
74	April 23 19 40 10 June 13 19 46		
7. Birth date of	and that I last saw h himalive on June 13 18 46		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
73 10 2hrsmin.	Coronary Thrombosis 24 Hrs.		
9. Birthplace. Ballimetel Mild.	Due to		
10. Usual occupation Tesidents			
11. Industry or business Warrely Press	Due to.		
12. Name Louis Loderbine Lassons 13. Birthplace	Diher conditions (1940)		
	Arterio-scleratic Cardio Vascular D sease		
14. Maiden name Alice Flatcher Magrider 15. Birthplace Md.	(Include pregnancy within 3 months of death) Major findings of operations.		
≥ 15. Birthplace	Date of op.		
16. Informant M. Causand M. Cassans	Antopsy results		
Address 3925 Link und Rd. Balt. Me	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burial Date thereof 6-15-46	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?) (month) (day) (year)			
Cemetery or crematory	Where did Injury occur?		
Location Library HATE	Injured at home, farm, industry, public place (where?)		
18. Funeral director STEWART & MOWEN COMPANY	Means of Injury Injured at work?		
Address (W. F. WOODEN SUC.) 1884. HORTH AVERUE	1 /1- from the thomas / Trill		
19. June 15- 19 46 Milletall ly 1838	73. SIGNATURE M. D. or other		
Date rec'd by registrar)	Address T.Q.O.U. Jan 182 Date signed 6/17/196		



STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Baltimore	Registration Dist. No.
Village of City Isbarrons Point	No. Old Sheet mill st. W.
	If death occurred in a hospital or institution, give its NAME instead of street and number)
m. Don.	isds. How long In U.S. If of foreign birth?yrsmos
2. FULL NAME Manuel Teare	cro.
(a) Residence: No. Quart of (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male while OR DIVORCED (write the word)	pine 13 1944
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Rosie Tedreira	22. / HEREBY CERTIFY That I attended deceased f
11 00 1610	June 13, 1846, to June 3, 194
6. DATE OF BIRTH (month, day, and year) May 25 / 90 2 7. AGE Years Months Days If LESS than	I las F saw h alive on
1 day,hrs	I THE I WILL IN TO CHOSE OF DEWILL AND LEIGHER CARSES OF INIDICATION
8. Trade, profession, or particular	were as follows: Date of on
Kind of work done, as SPINNER annum SAWYER, BOOKKEEPER, etc.	Hostronite be leso
9. Industry or business in which	Win ECALL-DAT
work was done, as SILK MILL, SAW MILL, BANK, etc	000000000000000000000000000000000000000
- Spell III (111)	
year) occupation	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town)	3rd degree busons M
13. NAME AZEM SEGRETION	Chest farm + lane
E () () Atrial	
(State or country)	Name of operation Date of
15. MAIDEN NAME Mary Petrija	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VWL ENCE) fill in also the following:
16 RIPTHELACE (city or town) A Post Francis	Accident, suicide, or homicide Called Water Date of injury C1. 3. 19.4
16. BIRTHPLACE (city or town) A artingal (State or country)	Where did injury occur? Thankers Point hele
17, INFORMANT Mannel Class	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) My Carmel Du	Industry.
18 BURIAL CREMATION, OR REMOVAL	Manner of injury By Eloche wire.
Place Date 1975	Nature of injury Chilast with course.
19. UNDERTAKER STANSOFT SOA STORE	24. Was disease or injury In any way related to occupation of deceased?
(Address) 1219 of Toul of	If so, specify there dong religious a
11 11 64.521 1.	(Signed) & // Carrendo M
20. FILED 6/15, 1976 at Reduct	Or of man

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL SPACE FOR FUR	THER STATEMENTS BY PHYSICIAN
Acres 1		01013
		111
		1/40
	\(\text{\tint{\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	1/62/

Isadore Tuerk, M.D.

Catonsville-28, Md. Date signed 7-18-46

1.	Charles St., Baltimore				
CERTIFICATE OF DEATH Reg. Diat. No. 3.0					
1. PLACE OF DEATH: County Baltimore City of town	State. Maryland County City or town Baltimors (If outside city or town limits, write RURAL and give nearest town) Street No. 6 West 25th treet (If rural, give LOCATION)				
Thomas J. Philbin	61(0) 2011120111111111111111111111111111111				
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced male white single	MEDICAL CERTIFICATION 20, DATE OF DEATH				
8.(b) Name of husband or wife	Jima 2 10 31 to Jima 17 10 46				
8. AGE: Years Months Days If less than one day	Coronary occlusion 4 hours				
9. Sirihplace					
Thomas Philbin 13. Birthplace Ireland	Dther conditions				
14. Malden name	(Include pregnancy within 8 months of death)				
16. Informant Hospital records					
Address Catonsville-28, Maryland 17	Where did injury occur?				
18. Funeral director N. W. Melles Son	Means of Injury Injured at work?				



(576) Rog. Diat. No. XX

. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinite give residence of mother)		
ounty	(h. 1) Hallo,		
if outside city or town limits, write RURAL and give nearest town)	State County County		
ow long in above place of death?	City or town (If ownside city or wn limits west RURAL and give nearest town)		
ospital Institution, or street address where death occurred:	SPeet No. 809 181		
your oreer oney can one	(If rural, give LOCATION)		
ow long in hospitat or Institution?	2.(a) If veteran, name war		
(a) FULL NAME align Fleange			
Floor Philles.	3. (b) Social Security Number		
. Ses 5. Color or race 6.(a) Single, married, widowed, or diverged	MEDICAL CERTIFICATION		
In call 1 des	Process of the A		
14 cay single	20. DATE OF DEATH.		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
.(6) Name of husband or wife	Juny 27 1946 10 June 27 1946		
Birth date of deceased (mo., day, yr.) May 24-193/	and that I last saw halive on		
	Immediai cause of death		
s, Add.	Naving		
/67hrsmin.			
Birthplace Spanino II	Due to Cacadastas		
(Town, county, and state)			
D. Usual occupation			
	Due to		
1. Industry or business			
12. Name A oracl Bully 30	Other conditions		
13. Birthplace			
The Finale	(Include pregnancy within 3 months of death)		
14. Malden name Massac at Markey	Major findings of operations.		
E 15. Birthplace	Date of op.		
16 informant Comma Sure Somuell	Antopsy results		
16. informant Or a Community of the Comm	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 807 1 St. Spanawoll	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Date thereof 6-30-46	(100, land 07276/L		
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicided		
Cemetery or crematory 2011. Calvary	Where did injury occur? (City or town) (County) (Space)		
1. P. 60	Injured at home, farm, Industry, public place (where?) Subtre Head		
Location	An En		
18. Funeral director Dannel Nin Masse Hor	Maans of Injury Dervices Injured at work?		
12811 12.0 15	monar a mil		
Address 000 M. / Selmica M	23. SIGNATURE		

TARGIN RESERVED FOR BINDING

VS A15

WRITE PLAINLY, is especially

PLEASE

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

U5761
Reg. Dist. No. 42

1. PLACE OF DEATH:	Z. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County. Sold of State	11111
(If outside city or town limits, write RURAL and give nearest town)	State Coonly Coonly
	City or town (If outside city or town limits, write RURAL and give nearest town)
How long/in above place of death?	
	Street No. (If rural, give LOCATION)
Hew long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
- Mary 2 Vol	h sone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jumus Mus Maria	20. DATE OF DEATH AMAZE 2 19 19 19 19 19 19 19 19 19 19 19 19 19
	21. I CEBTIFY that death occurred on the date above stated; that, attended deceased from
8.(8) Name of husband or wife	11. 12. 12. 12. 12. 12. 12. 12. 12. 12.
7. Birth date of deceased (mo., day, yr.)	and that I last saw h A alive on force 19
8. AGE: Years Months Days It less than one day	Immediate cause of death
49 4 6hrs,min.	
The state of the s	
9. Birthpiace	Due to Caralac Ollulaum 70 Ma
10. Usual occupation toward with	Oue to Caremona & Lelligo-
11. Industry or business	
12. Name Jungs July 2001	Other conditions
Z 13. 8 Irthplace July your Mar	
14. Maiden name AN ANA AND MANA	(Include pregnancy within 3 months of death)
E PART	Major findings of operations.
E 15. Birthplace	blev. Date of op.
16. Informant Models a Lock	Autopsy results
my me find I man	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 14/1 way, the ongun one	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Date thereot (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location Location	Injured at home, farm, industry, public place (where?)
18. Funeral director.	Means of injury Injured at work?
10. Funera) Diffector	11 P 10 Bloke mod
Address	203 SIGNATURE & MUSTIC . JUNE 1/103-
6/11/ " 46 Vt. W. Heden	M. D. or other
(Date rec'd by egistrar)	Address MA . WWW / Log . Date signed L . To

WRITE PLAINLY, is especially

PLEASE

MADVIAND	CTATE	DEPARTMENT	OE	HEALTI
MAKILAND	SIAIL	DEPARTMENT	Ur	HEALII

2411 N. Charles St., Baltimore

RI-a)

05762 44

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)			
Fort Howard Laryland				State Maryland	Marrand		
City or town. (If outside city or town limits, write RURAL and give nearest town)							
How long in above place of death?				City or town. Baltimore (If outside city or town	limits, write RURAL and give	earest town)	
Aospital, Institution, or	street address where d	eath occurred	:	1906 Angenewe	y Dundalk		
***************************************			rd, Md.	(If rura	l, give LOCATION)		
	r Institution?		***************************************	2.(a) if veteran, name war			
3. (a) FULL NAM	E				3. (b) Social Securit	y Number	
HIRMAN :	r. POOLE						
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICA	L CERTIFICATION		
Male	white	Mar	ried	20, DATE OF DEATH June 3	30, 1946 ₁₉	1:25 A	
& (h) Name of husband	or wife Mrs. C	lausia	Poole	21. I CERTIFY that death occurred on the d	late above stated; that I attended de	ceased from	
0.(0) 1121110 01 11400211		8 (4	e) If alive, give ageye	May 24	19. 46 , to		
7. Birth date of	October	יייייייייייייייייייייייייייייייייייייי	었었.	and that I last saw h			
deceased (mo., day,	71.7	Days	If jess than one day	Immediate cause of death			
o. non.		18	1 hrs. 25 m	<u>Uremia</u>			
57							
9. BirthplaceC	olliers, W.	Va.	state)	Due to Nebhritis, Chro	onic	4 wks.	
					***************************************	Prus	
	Bethlehem	Steel	Co.	Due to		*****	
11. Industry or busines	SS			Other conditions Disease of	the Heart -hyme	r- / mos	
				tongion antenial .m	rocardial incuff	i -	
				i onogy (Include pregnancy wi	thin 3 months of deeth)		
14. Maiden name 15. Birthplace				Major findings of operationsNOne	<u> </u>		
2 15. Birthplace	Virginia						
16. Interment. Cl	inical Reco	ords. V	Tets. Adm. Hosp.	Antoney results			
For	rt Howard,			PHYSICIAN: Please underline the cans	e to which desth should be charg	ed statistically.	
Address			4	22. VIOLENCE: If death was due to exte	rnal causes, fill in the tollowing;		
17. (Burial gramatics	n, or removal. Which?)	Date ther	(mopth) (day) (year)	Accident, suicide, or homicide	Date of		
Complement of comments	Bala		tional Cem		town) (County)	(State)	
Gemetery or cremat		4)					
Location Gural				Injured at home, farm, Industry, public place (where?)			
1B. Funeral director	Ullrich	Jun	ural Home	Realis of Highly	m (100)		
Address Q	08 arle	aus	Ot-	ROBERT M.	CULLISON, M.D.	CLIN.DIR.	
2	1 46	Co	unfelle 5	23. SIGNATURE	М.	D, or other	
19. (Date rec'd by r	egistror)		Regist	Address Fort Howard,	d. Date sign	6-29-46	

VS A15

1 DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			1/1
	Dan	Disa	No. 9
-	ves.	Diat.	110

1. TEACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Aa 1 to	(For newborn Infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County Balts
Hawara in above stone of doubts	(if outside city or town limits, write RURAL and give nearest towo)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest towo)
Red Lion Pd	Street NO
How long In hospital or institution?	(If rural, give LOCATION)
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widower	20. DATE OF DEATH June 10 th 19 46 at 9 A. M
6.(b) Name of husband or wite Grace P. Proctor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	aug 20 19 45, 10 June 6 19 46
7. Birth date of	and that I last saw h iona alive on June 6 19 4 4
	Immediate cause of death
8. AGE: Years Months Days If less than one day	Coronary Ocelies 5 most
76 8 22min.	
8. Birthplace Har ford Co Hd (Town, county, and state)	Due to.
	Due to.
10. Usual occupation telegraph Operator	Busta
11. industry or business $B + O$. $R.R$.	
12. Name Proctor	Dither conditions
13. Birtholace	
K A	(Include pregnancy within 8 months of death)
14. Malden name Marry 15. Birthplace	Major liediogs of operations
E 15. Birthplace	- Date of op.
16. Informant Mrs. Harry Francis	
	Actors results
Address Red LINE Rd. Whitemarsh	AN ADDITION IN A DESCRIPTION OF THE PROPERTY O
17. But 1a Date thereol Vun + 13th 1986 (Burisl, cremation, or removal. Which?) (month) (day) (year)	22. VIOLENCE: 11 death was due to external causes, fill in the following:
Cometery or crematory Camp Chape / Meth Cem	Where did injury occur?
Location Balto Co Md	Injured at home, 1arm, Industry, public place (where?)
18. Funeral director Lassahn James Home	Means of Injury Injured at work?
Address 7 4 01 Below Rd. 1	a craa ma
1/12/4/ nonth	23. SIGNATURE C. X. Debduc
19. (Date rec'doy registrar) Registrar	I dies Ride Rol. Ball. Grand hino 10.

RECEIVED JUN 13 1946

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death dearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	The same of	-		
10	200	24		

U5764 P

Reg. Dist. No. 30

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
4. Sex Female	5. Color or race White	6.(a)Single, married, wildowed, or divorced Single	MEDICAL CERT 20, DATE OF DEATHJune 21,		
6.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date above sta	ted; that I attended deceased from	
deceased (mo., day,) 8. AGE: 77		Compared to the control of the con	Immediate cause of death	hage Zhis	
9. Birthplace Balto . Md . (Town, county, and state) 10. Usual occupation —			1/ 1/	Cusum	
11. Industry or busines 12. Name	illiam Ray Irelan	***************************************	Dither conditions		
14. Maiden name Ellen Ryan 15. Birthplace Balto., Md.			(Include pregnancy within 8 months of death) Major findings of operations. Date of op.		
16. Informant Mrs. Mary Schaeffer sister Address 46 Glenwood Ave., Catonsville			Antopsy results		
Burial Date thereof 6/24/46 (Burial, cremation, or removal, Which?) Govans Presbyterian Cema Govans, Md.			Accident, suicide, or homicide	Date of	
18. Funeral director Address	WM. J. T. Balto., 24,46	Queleta	1	Magness M.D. M.D. or other	
(Date rec'd by re	gistrar)	Regist	rar Address 752 trederica Av	E Date signed 22 June 46	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (314)

B	5	7	6	5	1	
Reg.	Dia	it.	No.	1	/	

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
COUNTY	State Maryland County Baltimore
City or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 26 Years	City or town Dundalk (If outside city or town limits, write RURAL and give nearest town)
Hospila, Institution, or street address where death occurred:	Street No. 4 Newship Road
4 Newship Road	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Augustus C. Reinhard	dt
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. Sure /3, 19.46 at 2.P7 M
	20. DATE OF DEATH 19 19 M
6.(b) Name of husband or wife Ella Wetzel	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Tours O 4 0 74	and thet I last saw h
deceased (mo., day, yr.) JUNE 9, 10/1 8. AGE: Years Months Days It less than one day	Immediate cause of death
o. Add.	Cural mooning day
9. Birthplace Baltimore, Maryland	Oue to. Chimie nightitis rigino
(Town, county, and state)	Runday ansuma 29cas
10. Usual occupation	Oue to
11. Industry or business	
Charles Reinhardt 12. Name Baltimore, Maryland	Other conditions
14. Malden name Virginia Coulter 15. Birthplace Pennsylvania	(Include pregnancy within 3 months of death)
15. Birtholace Pennsylvania	Major findings of operations
16. Intermant Mrs. Ella W. Reinhardt	Antopsy results.
Address 4 Newship Road	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial 6/17/46	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Baltimore	Where did injury occur?
Baltimore, Md.	Injured at home, tarm, industry, public place (where?)
	Means of injury Injured at work?
18. Funeral director W. W. Meals and Son	A
Address 805 N. Calvert Street	22 SIGNATURE David H. audiew m. D.
19. 6-17 1946 amfedrik	M. D. or other
19. (Dato rec'd hy registrar) Peal Registrar	Address 2 Knowy la Klundell red Date signed lase 14, 1946.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 45-

CERTIFICATE OF DEATH

05766

Reg.	Diat.	No.	*******************

1. PLACE OF DEATH: County Balto. City or town Halethorpe (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 5557 Oregon Ave. How long in hospital or institution?				Street No. 5557 Oregon Ave. (If rural, give LOCATION) 2.(a) If veteran, name war.		rest town)
3. (a) FULL NAM	IE	HARE	RY A. RETTBERG		3. (b) Social Security I	Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	A
Male	White		Widower	20. DATE OF DEATH. 6/20/46	19	11:20m
7. Birth date of	***************************************	aret Cl 	ayland Rettberg	21. I CERTIFY that death occurred on the date about 194 and that I last saw h. M	me 19	19 F.L
deceased (mo., day, 8. AGE: Year		Days	If less than one day	Immediate cause of death Soft but	2ate -	puration 7
74	7	29	hrs min			0,0000000000000000000000000000000000000
10. Usual occupation. 11. Industry or busines 12. Name	Shoe Sa Louis Rett Hagersto	lesman(berg wn otee H. Hine		(Include pregnancy within ser (Include pregnancy within ser) (Include pregnancy within ser (Include pregnancy within ser	months of death) A Soft pale 1 Bate of op. Continue hich death should be charged	्र तुन्ध्र चे
Cemelery or crema	rial on, or removal, Which? Loudon Bal to	Park (cot. 6/22/46 (month) (day) (year) Cem.	22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	(County) here?) Injured at work? U. Bestle	(State)
19. (Date rec'd by	registrar)	000000000000000000000000000000000000000	Registra	Address 723 Medicas ats	Jess _ Date signed.	6.2146

Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infanta give residence of mother)

(8)	ow of the same
	Ē
-	11

PLEASE WRITE

Cemetery or crematory.

18. Funeral director...

Date rec'd by registrar)

Vets. Ad	or street address when m. Hosp.,	re death occurred Fort Ho	ward. Md.		
3. (a) FULL NA!	MELVIN	ROBERTS			
4. Sex male	5. Color or race		e, married, widowed, or divorced single		
	70 5	15	hrs,		
8. AGE: Yea	70 5	Bays 15	1		
9. Birthplace Virginia (Town, eounty, and state) 1D. Usual occupation Unemployed 11. Industry or business					
1D. Usual occupation	ess				
1D. Usual occupation 11. industry or busin 12. NameD 13. Birthplace	ess	erts			
1B. Usual occupation 11. Industry or busin 12. NameD 13. Birthplace	ess aniel Robe Virginia	erts Voods			

Baltimore, Md.

Charles R. Law

City or town Baltimore (If outside city or town limits, write RURAL and give near	est town)
Street No. 1520 Jefferson St.,	
(If rural, give LOCATION)	
2.(a) If veleran, name war SAVI	,
3. (b) Social Security N	
3. (0) Social Security P	umber
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
MEDICAL CERTIFICATION	
2D. DATE OF DEATH June 11, 19.46	at 3:30 P
21. I CERTIFY that death occurred on the date above stated; that I attended decease	sed trom
December 25, 1945 to June 11,	
and that t tast saw h. im. alive on June 11,	
Immediate cause of death	BURATION
Pulmonary Edema	6 Hrs.
Due to Hypertensive & Coronary	7-1/2
Arteriosclerotic heart disease	
Arterioscierotic neart disease	yrs.plu
Due to	***************************************
	••••••
Other conditions Psychosis with cerebral	
Arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings of operations.	
Autopsy results	
	nensucany.
22. VIOLENCE: It death was due to external causes, fill in the tollowing;	
Accident, suicide, or homicide	
Where did injury occur?(City or town) (County)	(State)
injured at home, farm, industry, public place (where?)	
Means of Injury Injured at work?	
means of injury	1
Robert M. (100)	00
23. SIGNATURE.	at other

MARYLANI	STATE	DEPARTMENT	OF	HEALTH
SATURAL DESCRIPTION OF THE PROPERTY OF THE PRO		DUI DICTIVILITY	VI	THE STATE OF THE

2411 N. Charles St., Baltimore

CERT	TTTT	ATT	OF	DE	TI
LPKI	PIL	A P.	UPP	1 PP. A	

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			0211111011		Reg. Dist. No.7
1. PLACE OF DI	EXTHS al	Ho		2. USUAL RESIDENCE (HOME) OF (For newborn Infants give residence of r	DECEASED:
(If		nits, write RU	RAL and give nearest town)	State	
Hospital, Institution, o	or street address where the mklin & Ing	leath occurred: cleside		Street No. Franklin Ave. &	Ingleside
How long in hospital	or Institution?		***************************************	2.(a) If veteran, name war	***************************************
3. (a) FULL NAM	ME	THOM	AS PLATT ROSE		3. (b) Social Security Number
4. Ser	5. Color or race	6.(a) Single.	married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Male	White		Married	20. DATE OF DEATH June 18,	19. 46 at
6.(b) Name of husban	od or wife Mary I	Brooke	Rose	21.1 CERTIFY that death occurred on the date abo	eve stated; that I attended deceased from
7. Birth date of deceased (mo., day	τ.	aly 7,	If alive, give ageyears	and that I last saw h	19.46 DURATION
8. AGE: Yea 77	mrs Months	Days 11	If less than one dayhrsmin.	Caren	of dynddyn
9. Birthplace	Salesma	county, and st	ate)	Bue to.	
11. Industry or busine	esa Nation	nal Lic	orice Co.	846 10	
12. Name	Marron C I			Other conditions & Lu	Line
14. Maiden nam	Maria C. Va.	Steven	son	(Include pregnancy within 8 m	and of organisation
16. Informant MY	Phila., I			Autopsy results	
17Bur (Burial, crematic	cial	Date there	6/20/46 (month) (day) (year) em •	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of
Location	Wood		Md.	Injured at home, farm, Industry, public place (w	here?)
18. Funeral director.			& SONS	Means of Injury	Injured at work?
Address 19.	9 1946	Id.	upan	23. SURFATURE Q. C.	M, D, or other
(Date rec'd by	registrar)		Registra	Address U. > 0 T Occurry	Date signed

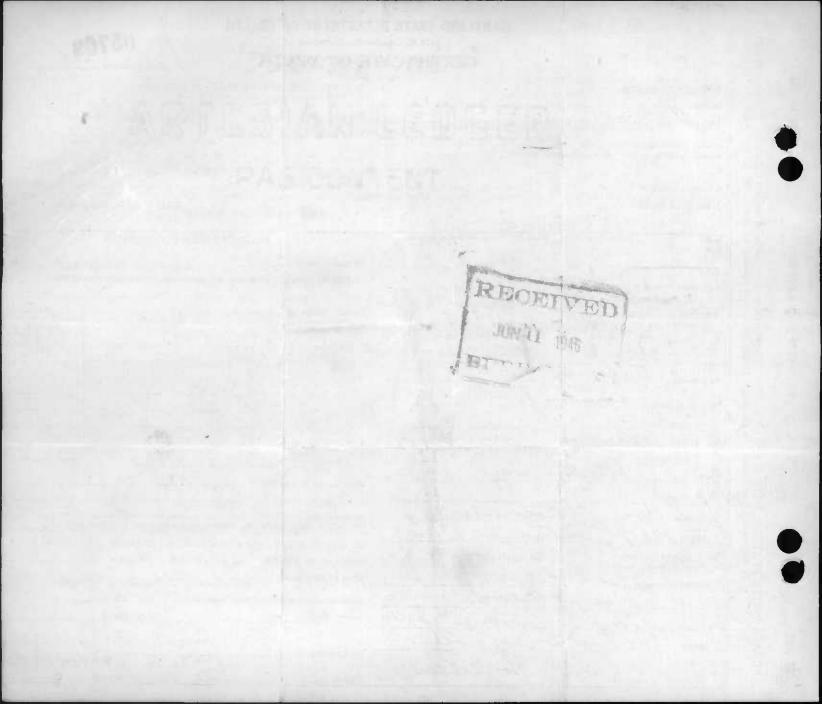
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

age	2411 N. Charl	ea St., Baltimore (79-8) (!5769.
correct.	CERTIFICAT	TE OF DEATH Reg. Diat. No.
information carefully. The corof death clearly and legibly.	1. PLACE OF DEATH? County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (To newborn infants give residence of mother) State County City or town (If outside city or town limita, write RURAL and give nearest town) Street No. / 9
cle	How long in hospital or institution?	2.(a) If veteran, name war
ormat	18M7 ROSENberger	3. (b) Social Security Number
of infuses of	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divosced Married.	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
item e cau	6.(b) Nampot husband or wife Hilliam J.	21. I CERTIFY that death occurred on the date above stated; that I ottended deceased from
every ite th	7. Birth date of 2 and 8 - 1909	and that I last saw halive on
Supply every item of lease write the causes	8. AGE: Years Months Days If less than one day 3 6 2 8	Immediate cause of death ARDITURIC HUD. POISONING POISONING
. : 🛱	9. Birthplace (Townfounty, and state)	Due to TUINAL CAPS (16)
ADING INK Physicians:	10. Usual occupation	Due fo
f-	12. Name Julius Shouman	Other conditions
H Uh	13. Birthplace 9.	(Include pregnancy within 3 months of death)
VITIO	14. Maiden name	Major fiadings of operations. Date of op.
LY, Vially	16. Informant Am. J. Rosenberger	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY, WITH UNE	Address 90 6 Cartain Cite Cartain 17 Burial Pate thereof June 5 - 4 L (Burial, cremation, or removal. Which?) Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
a bad	Cemetory or crematory Oak Lawn	Where did Injury occur?
WRITE	Location Castern G. Connelly	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
EASE	Address 4/18 Earton are eight	23. SIGNATURE MB DOWIS MA
PLE	19. June 8 19. 4 6 Mm B. Connelly Registrar	Address Date signed Cy -

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MARGIN RESERVED FOR BINDING

VS ANS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



05770

CERTIFICATE OF DEATH

Valley	
100	
and a	- 1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County (DAKLAWA) COMMATER	State Md. County Balto.
City or town (If outside city or town limits, write RURAL and give nearest town)	Essex
How long in above place of death? 2. Yrs.	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or streel address where death occurred:	Street No.
/	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
JACOB A. DAUBLE	
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m Married	2D. DATE OF DEATH JUNE 5 19 46, 21 4 - P.
Puth E Souhle	21. I CERTIFY that death occurred on the date above stated: that I allended deceased from
6.(b) Name of husband or wife Ruth E. Sauble	19 10 19
7. Birth date ot	s and that I last saw h alive on 19
deceased (mo., day, yr.) Aug. 31, 1877	Immediate clase of death
8. AGE: Years Months Days It less than one day	Totorray Occ Lusion
68 9 5min	
9. Birthplace Frederick Co.	Bua ta
(Town, county, and state)	. Due tu
th Hamai occupation Employed at Cak Lawn	Due to.
Cemetery 11. Industry or business	Jue 10
12 Name Wm. Sauble	Other conditions
13. Birthplace Md.	
Mary Carren	(Include pregnancy within 8 months of death)
14. Maidon name Mary Garger 15. Birthplace Md.	Major findings of operations.
E 15. Birthplace Md.	
16. Informant Mrs. Ruth E. Sauble	Autopsy results
Address Glyndon, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial (Burial, cremation, or removal, Which?) Bate thereof, June 8,1946 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Druid Ridge	Where did injury occur? (City or town) (County) (State)
Polto Co	Injured at home, farm, industry, public place (where?)
LOGE TURE	Means of Injury Injured at work?
1B. Funeral director J.F.Eline & Sons	100 Billion C
Address Reisterstown, Md.	- Il waves ins.
0 51:	23. SIGNATURE 23. SIGNATURE - BASE & SECONDARY)
19. Date rec'd by registrar) 19. Cory S. E. Inc. Registrar	Address Date signed b 6

JUNIO 1946-BUREAU V R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles	St., Baltimore (Bd)		
ERTIFICAT	E OF DEATH	Reg. Dist. No	3/
	2. USUAL RESIDENCE (HC	PME) OF DECEASED	wil
rive nearest town)	174/10	r town limits, write BURAL and give per	arest town)
	Street No	f rural, give LOCATION)	
Vamilto.	N Danter	3. (b) Social Security	Number
owed, or divorced	MED	ICAL CERTIFICATION	,
ues g	20. DATE GE BEATH LUN	ne 15" 1946	21 10 WM
n Dante		n the date above stated; that I attended dece	
age years	and that I last saw a mailve	on June 44	DUBATION
an one day	Impediate cause of death	emorshage	
us.	Oue to Caralis Mai	ecular Dueane	
***************************************	Nue to		•••••••••••••••••

every item of ite the causes BINDING item of MARGIN RESERVED FOR 7. Birth date of deceased (mo., day, yr.) If less tha 8. AGE: ADING INK. Physicians: p 9. Birthplace. 1D. Usual occupation. 11. Industry or business WITH UNF 13. Birthplace 15. Birthplace

1. PLACE OF D

How long in above place of death?.....

How long in hospital or institution? 3. (a) FULL NAME

Hospitat, Institution, or street address where death occupred:

City or town.

information carefully. The cof death clearly and legibly.

PLAINLY, vis especially

WRITE

PLEASE

(month) (day) (year

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

(Include pregnancy within 3 months of death)

Accident, suicide, or homicide.....

Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?)

Major findings of operations.....

Meens of Injury

23. SIGNATURE.

M. D. or other

Location

18. Funeral director

16. (nformani

(Date rec'd by registrar)

Date signed.

(Connty)

injured at work?



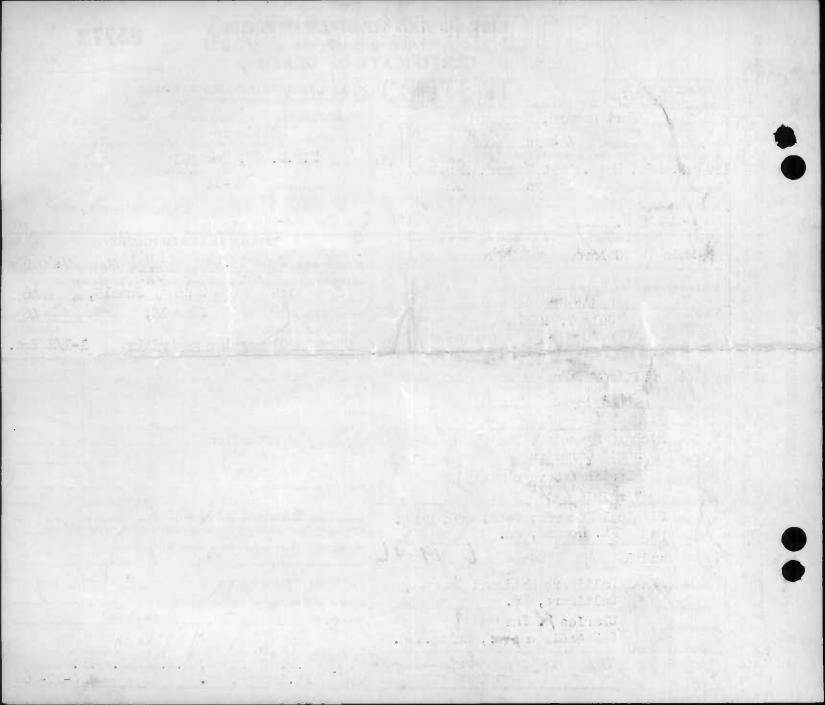
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

1. PLACE OF DEATH: County. Baltimore City or town. Fort Howard, Maryland (If outside city or town fimits, write RURAL and give nearest town) How long in above place of death? A. Days. Hospitat, institution, or street address where death occurred: Vet. Adm. Hosp. Fort Howard, Maryland How long in hospital or institution? A. Days.			ard, Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give residence of mother) Street No. R.F.D. #9. Box 395 (If rural, give LOCATION) 2.(a) If veteran, name war.	earest town)
3. (a) FULL NAME JAMES	S. SAVAGE			3. (b) Social Securit	y Number
4. Sex Male	Colored		e, married, widowed, or divorced ngle	MEDICAL CERTIFICATION 20. DATE DF DEATH. June 15, th 16,6	
6.(b) Name of husband 7. Birth date of deceased (mo., day, y	T1 77		c) It alive, give ageyears	21.1 CERTIFY that death occurred on the date above stated; that I attended de June 11th 19. 46 to June 15 and that I last saw h im alive on June 15.	19.46 19.46
8. AGE: Years		Days 8	If less than one dayhrs. mtn.	Chronic Glomerular nephritis	
9. Birthplace Baltimore Maryland (Town, county, and state) 10. Usual occupation Unemployed 11. Industry or business 12. Name Richard Francis 13. Birthplace North Carolina 14. Matden name Beulah Sayage				Due to Due to Other conditions Hypertension (Include pregnancy within 3 months of death)	
15. Birthplace	Virginia nical Reco Ft. How	rds, V	etsAdmHosp	Major findings of operations	
17Buri (Burial, cremation,	al , or removal Which?) Baltimo Charles 802 Mad	Date ther re Nat re, Md	ional Cemetery	22. VIOLENCE: It death was due to externat causes, till in the tollowing; Accident, suicide, or hounicide	(State)



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MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore GGO CERTIFICATE OF DEATH

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CERTIFICAL	E OF DEATH Reg. Dist. No. 49
County County City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Congela Sc	hepers 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced married.	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19 46, 21 700 P M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that lattended deceased from 19 46 19 46 and that I last saw h. alive on 19 Immediate cause of death. DURATION HEART FAIL JRE Due to. ARTER 105CLEROTIC CARDIO VASCULAR DISEASE Due to.
11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address Find Date thereof June 12 - 16. (Burial, cremation, or removal. Which?) Cemetery or cognatory.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State)
Location Esterny Coad m. R. 18. Funeral director Form G. Commelly Address 4/8 Coartern Gre, Estern 19. Jane 10 Date ree'd by registrar) Resettrar Resettrar	Injured at home, farm, industry, public place (where?) Moans of Injury Injured at work? 23. SIGNATURE Stylen C. Mackgriale M. D. or other Address 6714 Holobird live Date signed June 9,1946

RECEIVED

OUNT 1996

BUREAU V.S.

2411 N. Charles St., Baltimore

Itimore 937D

05774

CERTIFICATE OF DEATH

25

	Ace. Disection
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City of town. Caronsville	State May County Sallmore
City of town. (If outside city or town limits, write, RURAL and give nearest town)	City or town (If outside city or pown limits, write RURAL and give nearest town)
How long in above place of death?	1 /20/14 // 11/10.
Opin russing Nome	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary Elle	Schuh 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, marties, widowed, or divorced	MEDIÇAL CERTIFICATION // , 30
Temale Whele libedow	2D. DATE DE DEATH. 6 135 1976, at 7 PM M
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	18 April 1946, to 25 June 1946
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
78 /	
Massembury malana	Due to Pulmonary STASIS 6 Weeks
9. Birthplace	Dug (U
10. Usual occupation	Due to Artenio Sclanetic Dardeo
11. Industry or business	ouscular disease Unaucus
E 12. Name Denjamen Daryer	Other conditions
13. Birthplace Majourne	(Include pregnancy within 3 months of death)
14. Maiden name Elleman Ingimultures 15. Birthplace	
15 Blithplace and and and a	Major findings of operations.
MAN Van 1 Cappo.	
16. Intermant 1304 Cina (1119)	Autopsy results
Address / SO T accent	22. VIOLENCE: if death was due to external causes, till in the following:
(Buriai, cremstion, or removal, Which?) Date thereof. (month) (day) (year)	Accident, euicide, or homicide
Cometery or crematory Brookside	Where did injury occur?
An aleurand NJ.	Injured at home, farm, industry, public place (where?)
Location Location Land () Length ()	Means of injury Injured at work?
16. Funeral director	
Address // arthytha cives.	- 12 SIGNATURE tephen (59 Magness MO
6-16-16 Churlety la	M. D. or other
(Date rec'd by registrar)	rar Address 752 tradouck AVE Date signed 26 Huns 4

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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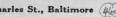
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	PARTMENT OF HEALTH St., Baltimore P Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Katie Sebal	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced widow	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife Mark Sebal 5.(c) If alive, give age years 7. Sirth date of deceased (mo., day, yr.) Nov. 1, 1878	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 46. 19. 46. and that t last saw h
8. AGE: 67 Months Days It less than one day 17	Immediate caose of death
9. Girthplace	Due to Affectures 104/sus Due to Uniteratures 104/sus
12. Name	Diher conditions
15. Birthplace	Majur findings of operations
16. Informant Mrs Favin Lucich Address 1902 Monroe Road, Dundalk	Actopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to externat causes, fill in the following:
Burial Bate thereof June 21, 1946 (Burial, cremation, or removal. Which?) Cemetery or crematory ST • Stanislaus	Accident, suicide, or homicide
Location Dundalk Ave. 16. Funerat director Roland S. Fushill Address 2112 Dundalk Ave.	tnjured at home, farm, industry, public place (where?) Means of tnjury Injured at work?
19. 6-20 - FG CARLES Registrar	23. SIGNATURE M. D. or other Address Dale signed Co. 19146

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Had)



05776

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYLAND BALTIMORE City or town CATONSVILLE (If outside city or town limits, write RURAL and give nearest town) Street No. 715 FREDERICK AVE. (If rural, give LOCATION) 2.(a) If veteran, name war. NONE
3. (a) FULL NAME EFFIE ELLEN SEICKE	3. (b) Social Security Number NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced WIDOW	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife FREDERICK A. SEICKE 7. Birth date of deceased (mo., day, yr.) MARCH 5. 1867.	21. I CERTIFY that death occurred on the date above stated; that ottended deceased from 19 46, to 519 46 and that I last saw h. C. Slive on 519 46
8. AGE: Years Months Days If tess than one day 79 3 24	Immediate cause of death Career of the Career Bue to The Career DURATION DURATION
11. Industry or business 12. Name SYLVANIUS LIPPY 13. Birthplace CARROLL CO. MD. 14. Maiden name SUSAN KROH 15. Birthplace CARROLL CO. MD. 16. Informant MR. CLARENCE F. SEICKE	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 308 FREDERICK AVE. CATONSVILLE, MD. BURIAL (Burial, cremation, or removal. Which?) Cemetery or crematory. SALEM BUTHERAN UEMETERY Location CATONSVILLE, MD. 18. Funeral director Estator Sons Address 608 Frederich ave. Catonsville, Md. 19. 6 2 7 19. 6 Registrar Registrar	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

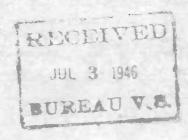


05777

Reg. Diat. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
- Trees Park	State County Ballinge
(If outside city or town limits, write RURAL and give nearest town)	1
Now long in above place of death?	(If outside eith or town limits, write RURAL and give nearest town)
	Street No. (If paral, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Louis Jean Sellman	
4. Sex 5. Color Frace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Married Married	20. DATE OF BEATH Quest 1946, at 7:307 M
6.(b) Name of husband or wife Blulage D. Dosh	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	June / 1946 10 June / 19 46
7. Birth date of deceased (mo., day, yr.) were 29. 1889	and that I last saw him alon Julie 1946
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
57 11 2hrsmin.	Coronary Ochusin 10 min
9. Birthplace Ma.:	Due to.
(Town, county, and state)	
10. Usual occupation. Claume	Due to.
11. Industry or business	
12. Name Tarico M. Addissa as 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maldeo name Andrew Glasson 15. Birthplace MM.	Major findings of operations.
2 15. Birthplace Mul.	
18. Informant Miles Bleelah Soldingan	Autopsy results.
Address Randallstoners Mil.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Aurial Bate thereat Line 4. 1946	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (ddy) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location All Manual mandely Mandel Dig. The	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Co. Statement Willer	Means of injury Injured at work?
Address Olykesville, M.S.	23. SIGNATURE D. D. Explis My D. Exam.
19. 6 Tran 2 Martin	M. D. or other
19. (Date/rec'd hy/registrar)	Address Rejeteratown Med Date closed Down 1'11



2411 N. Charles St., Baltimore

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V	U	6	-Q	()	

CERTIFICATE OF DEAT	-
CERTIFICATE UF 17F.AT	_

CERTIFICAL	E UF DEATH Reg. Dlat. No. 72
County of town. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Mospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County 3 4 4 Co (If outside city or town limits, write RUHAL and give nearest town) Street No. 2 4 4 4 Co (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Burton W 5heeler 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number 2/2-0/-3372 MEDICAL CERTIFICATION
Male White Married 6.(b) Name of husband or wife Catherine Sheeler 6.(c) If allve, give age years	20. DATE OF DEATH. 20. DATE OF DEATH. 21. I CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
deceased (mo., day, yr.) 7 8 8 2	Immediate cause of death Degeration 2 Years
9. Birthplace Balto (Town, county, and state) 10. Usual occupation Salesman 11. Industry or business Shee Co.	Due to Du
13. Birthplace $\beta \alpha / to$. Md 14. Malden name. $\epsilon / \epsilon \alpha = 0 \times \alpha = 0 \times 1 \times$	Dranking of operations. Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year) Cemetery or crematory (A)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
18. Funeral director Belais OP of Address 7401 Belais OP of 19. June 10 19. 4 (Mass 9. L. Reifsmiter Registrar)	Means of injury injured at work? 23. SIGNATURE Address 633/ Belair Rose Date signed 6/10/194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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JUN 13 1946
BUREAU T S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County B4/to.	State ALAXY AND County BALL MOYE
City or town (If outside city or town fimits, write RURAL and give nearest town)	
How long in above place of death?	(if outside city or town limits, write RURAL and give rearest town)
Hospital, Institution, or street address where death occurred;	Street No. / O. T. O. T. O. T. C. T.
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Zenna Irene Sheets	3.(i) Sucial Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white Married.	20. DATE OF DEATH
8.(6) Name of husband or wife. Webb Sheets	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jen 2/ 19 46, 10 - 19 46
7. Birth date of deceased (mo., day, yr.) December 23 1909	and that last saw half alive on home of the same of th
8. AGE: Years Months Days If less than one day	Immediate cause of death
36 6 5hrsmln.	Chronic hugocarleti
9. Birthplace Chil hous le UA.	Due to
(Town, county, and state)	DUE IV.
10. Usual occupation ffall settlife.	Due to
11. Industry or business Own hame.	
12. Name John A. Blevins 13. Birthplace Chilhowie UA.	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Nary Ellen Bleuins 15. Birthplace	Major fiadiags of operations
2 15. Birthplace Text	Date of op.
16. Informant NIXS. LEMAYD DAVIS	Antopsy results
Address Free (2nd. Md. R.D.	PHYSICIAN: Please underliae the cause to which death should be charged statistically.
17 Removal Date thereof V. z. n.e. 28, 194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Oate thereof. U. U. H. C. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location AGW F Y C C Q C 72 J	Injured at home, farm, Industry, public place (where?)
18. Funeral director for the state of the st	Means of injury Injured at work?
Address Thew Forledom Pa.	Q12. 7
1 20 W Charle 97 7	23. SIGNATURE T T M. D. or genyr
Date rec'd by registrar) Registrar	Address Parliton hid Date signed 6/28/x1

JUL 5 1946
BUREAU V.B.

I MARGIN RESERVED FOR BINDING

VSATE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45)

05780

CERTIFICAT	E OF DEATH Reg. Dist. No. 38
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME Annie Smith.	3. (b) Social Security Number
Female White Widows, or divorced Kemale White Widows, or divorced Who will be with the widows, or divorced with the widows, and with the widows, and with the widows, or divorced with the widows, and with the widows, and with the widows, and with the widows, and widows,	MEDICAL CERTIFICATION 20. DATE OF DEATH 19.46 at 19.46 a
7. Birth date of deceased (mo., day, yr.)	and that I last saw by All alive on 19
8. AGE: Years Months Days If less than one day 1	Over of State of Stat
10. Usual occupation Hansewife	Due to Sessin College 31502
12. Name I - 71 cretius Wampler 13. Birthplace	Other conditions
14. Malden name E 12 d beth Zouck	Major findings of operations
18. Informant M. M. S. gribude Moreton	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 2 3 Place Place We with 11. (Burlan, cremation, or removal. Which?) Date thereof. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory S. T. F. B. U. S. U. B.	Where did injury occur?
18. Funeral director	Means of Injury Injured at work?
Address Tew- Frankon May 160	26. SIGNATURE NOSCOETHUR M. D. or other
19. Jate rec'd by registrar) 19. 4. S. Registrar	Address 438 Manufland Map Date signer flore 6-1746



2411 N. Charles St., Baltimore

re (83-20)

05781

38

CERTIFICATE OF DEATH

Reg. Dist. No. 3/

/Z	Reg. Dist. No.
City or town (If outside city or town limits, write RURAL and give nearest town) Hew long in above place of death? tospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RORAL and give nearest town) Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	/2.(a) If veteran, name war
3. (a) FULL NAME Laward Samel	3. (b) Social Security Number
4. Sex 5. Color or tage 6. (a) Single, married, widowed, or divorced Male Mugle	MEDICAL CERTIFICATION 20. DATE DF-DEATH LULL: 15 1946, at 6 P.
6.(b) Name of husband or wife	31.1 CERTIFY that Geatly occurred on the date above stated; that I atlended deceased from
7. Birth date of deceased (mo., day, yr.) 8. A.C.F. (Years Months Days If less than one day	and that I last saw h
8. AGE: Sears Months Days If less than one day	in. Carl of flooding 3 d
9. Birthplace (Town, county, and state)	Due to 3
1D. Usual occupation	Due to 3.7
12. Rame Mich olas Amel 13. Birthplace Labelturory es his.	Other conditions
14. Malden name Law Lattle L. Hidey.	Major findings of operations.
18. Informant MISS Jusie Swith	Antopsy results
Address Dogwood No. Dallo Cos. Mis	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remytal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or exemutory	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Styles Laws tracks Address H510 Leberte Heights Unit	a.c L
19. (Date ford by registrar) 19. (Date ford by registrar)	23. SIGNATURE M. D. or other Address Sog Librale Hearth Carl Bate signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death-clearly and legibly. MARGIN RESERVED FOR BINDING

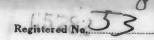
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4	C	N)	e carefully supplied. legibly.
MARGIN RESERVED FOR BINDING		MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death cleanly and legibly.
VS A15 9-45-15N		0	PLEASE WRITE PLAINLY, WITH orrect age is especially important.

The

BALTIMORE CITY	HEALTH I	DEPARTMENT
CERTIFICA	TE OF	DEATH (18)



1. PLACE OF DEATH: / / / / / /	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City Maryland	was head was Bolt	0.
(b) Street address	(a) State MC (b) County Balts	CU.
(c) Hospital of mentution:	(c) City or town.	
Jamon	(If outside city or town limits, write RURAL	and give town
	(d) Street No. / Yellerleston RC	<u> </u>
(d) Length of stay in hospital or inst, (yrs., mos., or days)	(e) Citizen of foreign country?	Yes or No
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country	
3 (a) FULL NAME Colvin a Shurra	4	BL TATEW
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	Andrew Street of the
No. O SO WOOD STATE	20. DATE OF DEATH 6 /23/469	L. Estedio
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated	at.
m w. divorced. Service	ed deceased from / _ 193 / to 4/2	? nove
6 (b) Name of husband or wife.	and that I last saw h/M alive on // //	7
6 (c) If alive, give age years	I was allowed to the first of the control of the co	
7 D: 1 1 (1 . 1/ . 1	Immediate cause of death	Duration
8. AGE: Years Months Days If less than one day	Toler December	1 de
	D. Marie D. Marie	
46 3 /3 hr. min.	Due to	cord
9. Birthplace Balts lo md.	D	7
10. Usual Occupation (Town, county, and state)	Due to	
11. Industry or business 13 40 RR	Other Conditions	
	· ' / '	
12. Namolisettley Spurses	· (Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace PUCK.	Date of operation	Underline th
# 14. Maiden Name Kate Kramen		cause to which death should b
15. Birthplace Bally M. cl.		charged statis
		tically:
16 (a) Informant Kelle Spinese	22. If death was due to external causes, fill in the follo	wing:
(b) Address Saucer Ballo Co M	(a) Accident, suicide, or homicide	101-0-0-0-0-1
(Burial, cremation, or removal) (month) (day) (year)	(b) Date of occurrenceat	N
	(c) Where did injury occur? (City or town) (County	(State)
(c) Cemetery or crematory Tous Clon Park	(d) Did injury occur about home, on farm, industrial plants	ace, in public
Location Trederick CC.	place? While at work? (Specify type of place)	**** ********
18 (a) Funeral director diversal Joseph	(e) Means of injury	
(b) Address 2359 wash Blode	23. Signature	
10 (a) 1/25/168 / desserted	Bles to the bound to	AM., P./
(Datebee'd by registrar) Registrar	Address Date signe	d/14/1

MARGIN RESERVED FOR BINDING

VS A15

fot = See.

MARYLAND STATE DEPARTMENT OF HEALTH

2411	N. Charles	St., Balti	more (93-4)
			DEATH

CEASED.	-
Reg. Dist.	No. 44
010	0 .11

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State MI County Batts.
(If outside city or town limits, write RURAL and give nearest town)	Edicara
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
)	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME O . G. 41	3. (b) Social Security Number
Oline Elmira The	imma –
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Wedowiel	20. DATE DE DEATH 6 1 4 6 19 19 at 12 P.M
6.(b) Name of husband or wife Mitchell Hussansana	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
8.(c) It alive, give age years	6.5.46
7. Birth date of deceased (mo., day, yr.) July 30 1884	
8. AGE: Years Months Days If less than one day	Coronary Occlusion 3day.
6 hrsmln.	
9. Birtholace Slessylvanice	Due to.
(Town, county, and state)	activos desotre Cardiovos C dealess ?
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Hoarry Scoolkers	Dither conditions
13. Birthplace	(Include pregnancy within 3 months of death)
E 14. Maiden name Statistics	Major findings of operations.
15. Birthplace Wuknown	Date of op
16. Interment Mr. Besuffrance T Thurses W.	Autopsy results
Address 2 +03 Sparroug rout Ed	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof 16/8/46	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Buriai, cremation, or removai. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory ST. FAUL EM (ARDIEF AVE	Where did injury occur?
Location O Clounell St.	Injured at home, tarm, industry, public place (where?)
18. Funeral director Johns J Menny Due.	Meens of Injury Injured at work?
Address 71 Dight St.	Alle lindso u (),
1/2 Jx6 Dillede y	23. SIGNATURE
19. (Datorec'd by registrar)	Address 520 () 80. 00 10 17 Date signed 8/7/

Per. Bartone: -

use

Tect :	CERTIF	ICATE OF DEATH Reg. Dist. No
ne cor	1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
refully. The cy and legibly.	City or fewa	Ulty of town
ca	How long in above place of death?	Street No. 2616 Liberty Parkway
cle	How long in hospital or institution?	2.(a) If veteran, name war
information of death cle	3. (a) FULL NAME JEREMIAH M TILLER	3. (b) Social Security Number NONE
inf	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
ING n of uses	Male White Widowed	2D. DATE DF DEATH
FOR BINDING y every item of vrite the causes	B.(b) Name of husband or wife Emma August 10, 1852 S.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) August 10, 1852	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19. 46. 10. 19. 46.
2 2	8. AGE: Years Months Days If less than one day	Immediate cause of death Cerelly Henry J. La.
RESER G INK.	9. Birthplace Richmond, Va. (Town, county, and state) 10. Usual occupation Grocery Properitor 11. Industry or business Own	
MARGIN NFADIN at. Physi	12. Name Robert Tiller 13. Birthplace Richmond, Va	Dther conditions
MPOUTAL U	14. Maiden name (?0) Stanley	(Include pregnancy within 3 months of death) Major findings of operations.
	15. Birthplace Richmond,	Va. Date of op.

Address

WRITE PLAINLY, is especially

LEASE

Richmond. Va. Norman Atkins

2616 Liberty Parkway

Burial
(Burial, cremation, or removal, Which?) Date thereof June 5, 1946 (month) (day) (year) Oaklawn

Baltimore Co. Maryland William Cook, Inc. 18. Funeral director......

1217 St. Paul Street

Injured at work?

Where did injury occur?(City or town)

Means of injury

Injured at home, farm, Industry, public place (where?)

22. VIOLENCE: tf death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VS. A15

The

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No.

11 P 100

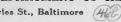
CERTIFICATE OF DEATH

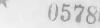
1. PLACE OF DEATH:	2. HOME (USUAL RESIDENCE) OF DECEASED:)
(a) County Sattesium	(a) State(b) County	
(b) City or town (If outside city or town limits, write RURAL and give town)		
(c) Street address, hospital, or institution:	(c) City or town(If outside city or town limits, write RURAL and	d give town)
/	(d) Street No	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	
(e) Length of stay in this community (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Mary Theresa Je	rdd	
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION	
No.	20. Date of death 4111 7 1944, at	3.AM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated;	that I attend-
Ferrale White divorced. Massied	ed deceased from time 6 1946, to firme 7	1946
6 (b) Name of husband or wife Ses & Tolk	and that I last saw him alive on June 7 19 44	e
6. (c) If alive, give age 74 years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) 2/17/1818	Coronny Mombisis	12 huss
8. AGE: Years Months Days If less than one day	Due to televio - Televilie Cardin	
68hrmin.	Due to Vascular disease	
9. Birthplace 3 allegiore		
(Town, county, and state)	Other conditions	
10. Usual occupation	(Include pregnancy within 3 months of death)	PHYSICIAN
11. Industry or business M. Moule	Major findings:	Underline the
12. Name Adule fromfile	Of operations	cause to which death should be
2 13. Bir hplace germany	Of autopsy	charged statisti-
14. Maiden Name Meres a Conte	01440009	cally.
15. Birthplace Server acces	22. If death was due to external causes, fill in the followi	ng:
16 (a) Informant Ses & Fodd	(a) Accident, suicide, or homicide	
(b) Address 6/04 Hamilton. One	(b) Date of occurrence	
13	(c) Where did injury occur? (City or town) (County)	(04.4.)
(Burial, cremation, or removal) (b) Date thereof (month) (day) (year)	(d) Did injury occur about home, on farm, industrial pla	(State) ace, in public
(c) Cemetery or crematory Ballisanse Comment	place?While at work?While at work?	
Location		
18 (a) Funeral director Illsief Busieval Abuse	(e) Means of injury	
(b) Address 1200 & Orleans Rt	23. Signature Lo M - Munigar	duce
19 (a) C/S/K6 (b) A. W. Hedrich Registrar	Address Bulla 6 Mal Date signed	. 1 .11

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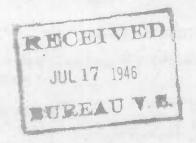
Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH of deceased is shown on

2411 N. Charles St., Baltimore 446





Film No. 106 - 7/24/46 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Balto (If outside city or town limits, write RURAL and give nearest town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: Dunda (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH .. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Namo of husband or wife deceased (mo., day, yr.) 8. AGE: If less than one day 1D. Usual occupation... 11. Industry or business (Include pregnancy within 3 months of death) 15. Birthplace 16. Informanl PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 20 22. VIOLENCE: If death was due to external causes, fill in the following; (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur? (City or town) injured at home, farm, industry, public place (where?) Means of injury injured at work?



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2411 N. Charles St., Baltimore 87-2

CERTIFICATE OF DEATH

05787

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Balbmack		
City or town	State County	
How long in above place of death? 7 days	(If outside city or town limits, write RURAL and give n	earest town)
Haspital, institution, or street address where death occurred:	Street No. 536 N. Costle	S+.
Spino Gran State Hospital	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	V
3. (a) FULL NAME	3. (b) Social Securit	y Number
James Edward Walt	·co	
4. Sex 5. Color or race 6.(α)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
Male White Sizel		11:5.4
14 15 MAILE 214-16	2D. DATE OF DEATH. Jone 21 19.46	
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended de	
	10 4 10 10 10 10 10 10 10 10 10 10 10 10 10	
7. Birth date of		19.46
deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause of death	
o. Auc.	Acate Myocardis	Minster
	n.	
9. Birthplace	Due to tever Andetermines	2 4643
Al- aa	Dri3 n	
10. Usual occupation	Due to	
11. Industry or business	Little 3 Disease	Lite
12. Name John Walter 13. Birthplace Baltimore, Md.	Dther conditions	loss
13. Birthplace Baltimore, Md.		3
14 Maiden name Mamis Clas	(Include pregnancy within 8 months of death)	
	Major findings of operations.	
15. Birthplace Baltimar, Ma	Date of op	
16. Informant A. S.	Autopsy results	ed atatistically.
Address Cotonsolle 28, Md.		
17 Burial Date Heros Jane 25th	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal Which?) Date (Bereal (month) (day) (year)	Additional desired to the second seco	
Cemetery or crematory. Landon Park Cour	Where dld injury occur?	(State)
Location Catalog	Injured at home farm, industry, public place (where?)	
1100 -1 1/4 1 1/anne	Means of Injury Injured at work?	
18. Funeral director COLLEGE SAMPLE AND COLLEGE SAMPLE SAM	A	
Address 2008 Orleans	- a SIGNATURE Comments there	m.D.
6-24 66 (Willede	A Secias Gras Stok Has. M. I	or other
(Cate rec'd by registrar) Registr	ar Address	1 220 21 11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH CAFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 184

CERTIFICATE OF DEATH

(15788 Rog. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Bal timore Towson 4. Waryland	State Grony Cond County Batte
City or town (If outside city or town limits, write RURAL and give nearest town)	City or icwn
How long to above place of death? Type 6 two glace of Machine Mospital, Institution, or street address where death occurred:	(If outside sity or town limits, write RURAL and give nearest town) Street No. 943 Clary Law
Eudowood Sanatorium, Towson 4, Md.	Street No
How long in hospital or institution? Zife 6 200 9 days	2.(a) If reteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Conway L. Ward	705-05-0996
4. Sex 5. Color or face 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Widgured	2D. DATE OF DEATH Serve 3 19.46 at 5.30 A w
8.(b) Name of husband or wife Lora F. Ward	21. I CENTIFY that seath occurred on the date above stated; that Lettended deceased from
B.(c) It alive, give ageyears	ylor 24 1943 10 June 3 1849
7. Birth date of	and that I last saw hates alive on feet 2 18.76
deceased (mo., day, yr.) 8. AGE: Years Months Days It test than one day	Immediate cause of death DURATION
46 4 17hrsmin.	Filmony 1 15c 4 yr
9. Birthplace	Due fo
(Town, connty, and state)	
0 1 4	Oue to
11. Industry or business Sutracling	
12. Name.	Other conditions
25 13. Birthplace Suscalusa alastana	(Include pregnancy within 3 months of death)
14. Malden name. It is a let a	Major findings of operations.
	Date of op.
Personal History- Hospital Records	Autopsy results
Address Eudowood Sanatorium, Towson 4, Md.	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17 Berrial Date thereof 6/5/46	Accident, suicide, or homicide
(Burisl, committee or removal, Whiteh?) Date thereof (month) (day) (year)	Where did Injury occur? (City or town) (County) (State)
Cometery or oremstery M2adour Ridge	
Location	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director William Cook Inc.	Meens of Injury Injured at work?
Address 1217 St. Paul st.	as CONTROL NY GILLENS
6-4-46 Carreduce	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Tows on 4, Maryland / Date signed.

MARYLAND STATE DEPARTMENT OF HEALTH

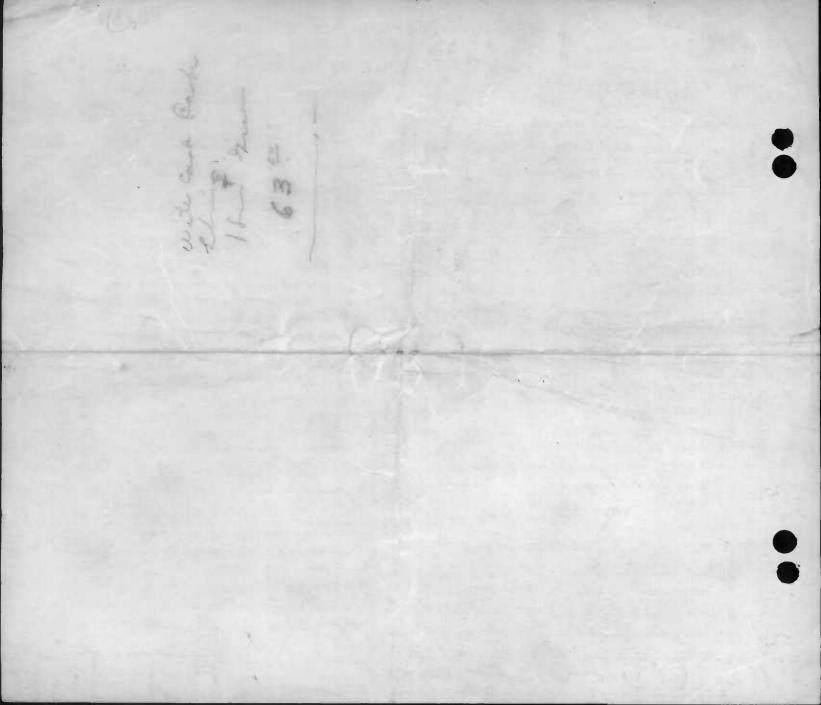
CERTIFICATE OF DEATH

05789 44

CERTIFI	ICATE OF DEATH Reg. Diat. No. Property of the control of the cont
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State My. County Balte.
City or town	vn) Shara a Perella
How long in above place of death? 6720	City or town limits, write RURAL and give nearest town
Mospital, Institution, or street address where death occurred:	Street No. 2 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
Charles Henry	y Treslow.
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
male ch. Imgle	20, DATE OF DEATH June 23 15/6 21 7
6.(ò) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive on
8. AGE: Years Moditis Days It less than one day	Immediate cause of death
- 11	min Maluelana
Dalting m	d / www
9. Birthplace (Town, county, and state)	Due to Due to
1D. Usual occupation hald.	Due to.
11. Industry or business	Due 10
	Other conditions.
12. Name William H. Weston 13. Birthplace Winginia	
	(Include pregnancy within 3 months of death)
14. Maiden name Sarah James 15. Birthplace	Major findings of operations
=1 15. Birtinglace	
16. Informant A a wall with a second of the	Antopsy results
Address 25/6 Sycamore and	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Oate thereof (month) (day) (yet)	3,7497
T (alue.	Where did Injury occur?
Cemetery or crematory	(City or town) (County) (State)
Location Control Contr	Means of injury Injured at work?
18. Funeral director Thay O. Wilson	(h) 1 0 0
Address 1,000 Brantly and	and SIGNATURE MACROCACHE MA
" 6/ nf . 46 Codyster	SIGNATURES Melecul To other
(Date rec'd/by registrar)	Registrar Address Dale signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County	and. Batta:
City or town	State
How long in above place of death? 22000.	City or town
Hospital institution, or street address where death accurred:	Street No. 1 46 Budale and A. Twin River
Twen Reser Booch.	Street Rof
How long in hospital of introduct delle ove.	2.(a) If veteran, name war
3. (a) FULL NAME (Sligabeth &	Willieley, 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, sprried, widowed, or divorced	MEDICAL CERTIFICATION
Fen While: Sengle.	20. DATE OF DEATH Jame 24 19 46 21 /17
	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
6.(b) Name of husband or wife	21.1 CENTIFI THAT DEATH OCCURED BY THE DATE ABOVE STATED. THAT I ATCHIOCO DECUMENT WITH THE THE THAT I ATCHIOCO DECUMENT WITH THE THE THAT I ATCHIOCO DECUMENT WITH THE THE THE THE THAT I ATCHIOCO DECUMENT WITH THE THE THE THE THE THE THE THE THE T
	years and that I fast saw h alive on
7. Birth date of deceased (mo., day, yr.) (lug, 0/1932	
8. AGE: Years Months Days I less than one day	ammediate cause of death.
13 10 14hrs.	min. At more and alecterial)
Best man	
9. Birthplace (Town, county, and state)	Oue to
10. Usual occupation Schoolgul	
	Due to
11. Industry or business	
12. Name Penoza, Pa.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Rose Saley 15. Birthplace Fralden mass.	Major findings ol operations.
15. Rirtholace malden mass.	major nadiags of operations
B	
16. Informant / arento	Antopsy results
Address Ant Tym Rover Beach	22. VIOLENCE: It death was due to external causes, fill in the following;
17. Burial, cremation, or removal. Which?) Date thereof June 27 - (month) (day) (year)	General sol of 2 44
Cemetery or crematory Sacred Wast Cornellery	Where did injury occur? (City or town) (County) (State)
Location German Will Brad.	Injured at home, farm, Industry, public place (where?)
The le homeselle	Means of Injury Actions injured at work? 100.
18. Funeral director	(h p) - 2 -
Address 418 Cartein m. lever	A 23. SIGNATURE / MUCArune M. D.
13 June at 18 46 John S. Bonnelle	& Dobut Medical Execution
19. (Vate ree'd by registrar) Rep.	strar Address Date signed Control



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (925)

CERTIFICATE OF DEATH

(15791 (2) Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown 5338 Link the Greatest town (If outside city or town limits, write RUFFAL and given expect town)	State ML County Balto
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Streat No. 5538 Links Que.
	Street No. 5-5-3 P Sinks July (If rural, gire LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. World War I
3. (a) FULL NAME	3.(b) Social Security Number
Led & Wilson	3. (b) bottat becanty humber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White	20. DATE OF DEATH. 6 - // 19 46 21 8 7 M
6.(b) Name of husband or wife Pose L. Wilson	21. I CERTIFY that death occurred on the date above stated; that I affended peceased from
1 10 1000	5-10 19 49, 10 / 6/1/ 19 8 6.
1. birth date of	and that I last saw h. Ann. alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
5 7 2 19 min.	Justial Surpution 3 mil
1 14 411	
9. Birthpiace (Town, county, and state)	Due fo
10. Usual occupation Santender	
11, Industry or business	Due fo
	Other conditions Musardolul 3 days
12. Name Allen L. Wilson 13. Birthpiace Balta Mde	betenest
	(Include pregnancy within 3 months of death)
14. Maiden name Janes Dorsey 15. Birthpiace Belto M.	Major findings of operations.
11 2 7 1 1 1	Date of op.
16. Informant Types Roses Wilson	Autopsy results
Address 1 333 Junto gve	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
	THE PROPERTY OF THE PROPERTY O
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location 3 5 6) Tresources que.	Injured at home, farm, industry, public place (where?)
18. Funeral director Trederick 9. 6 gte	Menns of Injury Injured at work?
Address 1200 W. Lombard It.	A sent talles my
1/213 16 Centre-l	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address NOV Solver Bate signed of 12/1/2

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2411 N. Charles St., Baltimore B.P.

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CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or fown (If outside city or fown limits, write RURAL and give nearest town)	State Maryland County Wicomico Co. City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? O yrs., 7 mos., 22 days flospital, institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium How long in hospital or institution? O yrs., 7 mos., 22 days	Street No		
3.(a) FULL NAME Mrs. Vivian S. Wimbrow	3. (b) Social Security Number # Unknown		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 21, 1546 3:15 A		
6.(b) Hame of husband or wife Charles F. Wimbrow. 6.(c) If alive, give age years 7. Sirth date of deceased (mo., day, yr.) February 22, 1920 8. AGE. Years Months Days I fless than one day	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from October 30, 18.45 to June 21, 19.46 and that I last saw h. er alive on June 21, 19.46 Immediate cause of death DURATION		
26 3 30hrsmin.	Pulmonary Tuberculosis 15 Mos. Tubercle Bacilli		
9. 9irthplace Stockholm, Maine (Town, county, and state) 10. Usual occupation Bkkpr. and Accounting 11. industry or business	Due to		
12. Name John C. Sjostedt 13. Birthplace Sweden	Other conditionsTuberculous Meningitis 2 Wks		
14. Maiden name Anna Christine 15. Sirthplace Sweden	(Include pregnancy within 3 months of death) Major findings of operations		
18. Informant Mrs. Vivian S. Wimbrow Address Parsonsburg, Maryland	Autopsy results. PHYSICIAN: Please uoderline the caose to which death should be charged statistically.		
Burial Removal (Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof. June 22, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Stockholm, Maine	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Halloway & Company Address Salisbury, Maryland	23. SIDNATURE Stewart & Shaffer m is		
19. June 21, 19 46 Earl 7 Webster (Date rec'd by registrar) Registrar	M, D, or other 6/23/16		

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2411 N. Charles St., Baltimore 47-

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1. PLACE OF DEA	ATH:		***************************************	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	Thomas II and			State Maryland county Backs	60-
(If outside city or town limits, write RURAL and give nearest town)			L and give nearest town)	Da 14 de como	
yow long in above place of death? 87 Days					earest town)
Hospital, institution, or	street address where the Hosp., Ft	death occurred:	בתר נ	Street No. 219 Dumbarton Rd., (If rural, give LOCATION)	
vets. Adm.	nosp., r	C. ROWERC	le Mue	(If rural, give LOCATION)	
How long in hospital or	Institution? 87	Jays	~~~	2.(a) It veteran, name war SAW	***************************************
3. (a) FULL NAME				3. (b) Social Securit	y Number
	GEORGE	E. WINDE	CR.		
4. Sex	5. Color or race		rried, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Me	arried	2D. DATE DF DEATH. June 22,	12:00 m
111	// 0	- WF 2 - 3		21. I CERTIFY that death occurred on the date above stated; that I attended de	
6.(b) Name of hylispianid/	of wifeLar	yinder	40	March 27, 1946 10 June 2	
7 Pt It date of	•••••	6.(e) It	alive, give age	and that I last saw him alive on June 22,	
deceased (mo., day, y	10-2	4-79		Immediair cause of death	
8. AGE: Years	Months	Days i	f less than one day	Bronchogenic carcinoma left lung	
66	11 7	28	hrsmtn.	with metastasis to the body of the	
Via	neinie			200 vertebra	
9. BirthplaceVij	(Town,	eounty, and state)	686.10	***************************************
tD. Usual occupation	Income T	ax Repres	sentative		****
				Due to	*****
tt. Industry or business		20			****
12. NameG.O.	organia	<u></u>		Dither conditions	
13. Birthplace Vi.	rrgrina			(Include pregnancy within 3 months of death)	
王 14. Maiden name	Annie Ayr	es		Major findings of uperations	
14. Maiden name	Virginia	ACRES OF		Date of op	
Cli	nical Reco	rds, Vet	s. Adm. Hosp.	Autopsy results	
777	t Howard,			PHYSICIAN: Please underline the cause tu which death should be charge	d statistically.
			1 12 Klill	22. VIOLENCE: tf death was due to external causes, till in the tollowing:	
Burial (Burial)	or removel Which?)	Date Thereot.	month) (day) (year)	Accident, suicide, or homicide	
(Burlar, Cremation	Baltimore	a Nationa	11 Cemetery	Where did injury occur?	
Cemelery or cremato	D-7-1-	- 1/7	3		The second second
Location	Baltimore		and	Injured at home, farm, Industry, public place (where?)	***********
tB. Funeral director					
Address 1	St. Paul	& Prest	on Sts., Balto., 1		
	, ,,	A.W	H. 1. 4	23. SIGNATURE R.M. CULLISON, M.D. CLIN.M.B.	Tor Other R
19. (Date redd by re	d istrar)	19.W	Registrar	Address V.A. H. Ft. Howard, Md. Date signe	
(Date read by re	,,				

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the same of th	Example II	
The principal cause of death and related car of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcck ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago
, CO	31100		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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